The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38404

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Peters

Sex, Male or Female, {cross out the word not required in this line.}

Age, 25 *Years,* 3 *Months,* 11 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth..} Baltimore

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 86 S. Carey St.

Cause of Death, First, (Primary,) Pthisis

Second, (Immediate,)

Duration of last Sickness, Seven (7) months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 14 - 1880

Undertaker, J. B. Blackistone & Son

Place of Business, 606 Balt st

H. D. Lewis M. D.
Medical Attendant.

Address, 375 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

MAR 13 1880 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday March 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura Kent

Sex, Male or Female, {cross out the word not required in this line.}

Age, 25 *Years,* 2 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} No 3 Stockton alley

Cause of Death {First, (Primary,) Pulmonary Phthisis

Second, (Immediate,)

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetry

Date of Burial, Sat March 13th 1880

Undertaker, Wm. N. Dunger

Place of Business, No 62 East st

Dimmitt Norris M. D.
Medical Attendant.

Address, 552 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 38403

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38403

OFFICE OF REGISTRAR OF VITAL STATISTICS.

MAR 1890 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9 1890

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jas. C. & C Mattaw

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ———

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, { Give street and number } 27 Harmony Lane

Cause of Death, First, (Primary,) Congestion of Brain

Second, (Immediate,) ———

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Sat March 13th 1890

Undertaker, Wm N. Dungan

Place of Business, No 62 East st

J. McCahan M. D.

Medical Attendant.

Address, ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. O'LEARY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38404

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary [illegible] Hoff

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 49 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married Widow

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty-five Years.

Place of Death, {Give street and number} #163 S. Spring St.

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) ____

Duration of last Sickness, 7 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 14

John H. Kelberger M. D.
Medical Attendant.

Undertaker, B. Hurtt

Place of Business, 411 Light St. *Address,* 243 Cleveland St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 13 1880 BALTIMORE

Date of Death, March 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Saltzman

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, white

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Union Protestant Infirmary

Cause of Death First, (Primary,)

Second, (Immediate,) Chronic Dyspepsia

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 13th 1880

Chas Fawcett *M. D.*
Medical Attendant.

Undertaker, R. McVaugh

Place of Business, 314 E. Pennsylvania Ave *Address,* 92 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3 mo 12 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie M. Warden

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and number} 157 St Paul St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 14th March 1880

Wm Wiley M. D.
Medical Attendant.

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St. *Address,* 316 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry A Thompson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Seventy Nine (79) *Years,* Seven (7) *Months,* *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, President. National Bank of Baltimore.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ?

Place of Death, {Give street and number.} 130 St. Paul St

Cause of Death, First (Primary,) Disease of the Heart, Hypertrophy & Dilatation with incomplete Systole. Atheromatous Arteries.

Second (Immediate,) Asthenia

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 14th March 1880

J. E. Lindsay M. D.
Medical Attendant.

Undertaker, H & W Jenkins Son

Place of Business, 16 Light St. *Address* 159 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12 " 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bevans (Mother)

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 19 *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 62 Little Church St between Light & Charles

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,)

Duration of last Sickness, all it's life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 13 1880

Undertaker, Jacob Davis

Place of Business, Lee St

James A Steuart M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by Geo E Brown

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida F. Dickson.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female.

Age, 21 *Years,* 9 *Months,* 8 *Days.*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Life - except 9 mo in Washington

Place of Death, {Give street and number.} 335 N. Gay St.

Cause of Death, {First (Primary,) Second (Immediate,)} Puerperal Convulsions 3 Days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~George Schilling~~ Greenmount

Date of Burial, March 14th/80

Undertaker, George Schilling

Place of Business, Ashland Square

Jno. F. Powell M.D.
Medical Attendant.

Address 227 Canollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary.) ..... Second, (Immediate.) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ... *M. D.*

Medical Attendant.

Undertaker, ...

Place of Business, ... *Address.* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Clarinda Moller

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 78 *Years,* — *Months,* 4 *Days.*

Color, White

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Middleborough Mass

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give street and number} 251 N. John St

Cause of Death, First, (Primary,) Pulmonary Hemorrhage

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wareham Mass.

Date of Burial, 15th March 1880

Undertaker, H & W Jenkins & Son

Place of Business, 16 Light St.

Thos Shearer M. D.
for A. S. Ridges M.D. Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transcript 1701

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 13 1880 HEALTH DEPT BALTIMORE MD

CERTIFICATE OF DEATH

Date of Death, [redacted] 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Earle

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 65 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, about 3 25 yrs

Place of Death, {Give street and number} 185 W Fayette St

Cause of Death {First, (Primary,) James Green

{Second, (Immediate,)

Duration of last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 14th 1880

Undertaker, John H. Weaver & Co

Place of Business, ~~#~~ 22 W. Fayette St

P. H. Ryan M. D.
Medical Attendant.

Coroner

Address, 185 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38413

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Sapsmankausen

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 62 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} 168 Conway St.

Cause of Death, First, (Primary) Heart disease

Second, (Immediate,) dropsy

Duration of last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 14th 80

R Albers M. D.
Medical Attendant.

Undertaker, W. J. Wilkins

Place of Business, 65 S. Eutaw *Address,* 92 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four houre* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Pinto

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Grant & Water Sts

Cause of Death { First, (Primary.) Scarlatina
Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, S. T. Vincents Cemetery

Date of Burial, March 13 1880

F. B. Arnold M. D.
Medical Attendant.

Undertaker, Jas. P. Byrne

Place of Business, 63 Front *Address,* 7 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 13 1880 BALTIMORE

Date of Death, March 12. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Flinn Jr

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Manager of Furnaces

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 177 Division St.

Cause of Death First, (Primary,)

Second, (Immediate,) Consumption

Duration of last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, March 14, 1880

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

S. N. Houck M. D.
Medical Attendant,

Address, 95 E. Balto. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38416

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Millard Henderson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 9 McHenry

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Bronchitis 4 days

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 14th 1880

Undertaker, Ph. Seewald

Place of Business, 35 S. Eutaw St *Address,* 152 Shark St

R. J. H. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 38417

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ALT... DEPARTMENT MAR 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Walker

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* / *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~

Occupation, ~~Widow~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, ~~City~~

Place of Death, { Give street and number } 65 Loop St

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) Marasmus

Duration of last Sickness, over since Birth

All the above information should be furnished by the Physician.

Place of Burial, Bolle Cemetery

Date of Burial, March 14th 1880

Undertaker, B. Hoale

Place of Business, Light St

H B Stokes M. D.
Medical Attendant.

Address, 17 Hanover Av
Never prescribed only Tola

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore

Holler Statement

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3847/18

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cath. Eugenie Marriott

Sex, Male or Female, {cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bordeaux France

Duration of Residence in the City of Baltimore, Abt 62 years

Place of Death, {Give street and number} 78 E. Balto St

Cause of Death First, (Primary,) Pneumonia -

Second, (Immediate,) Asthenia

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, 15th March /80

Undertaker, W. W. Jenkins Son

Place of Business, 916 Eight St

F. E. Shatand Jr M. D.
Medical Attendant,

Address, 114 East

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1880 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 13 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Brown

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Twenty three *Years,* — *Months,* — *Days.*

Color, Col'd

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, {Give street and number.} 116. High st

Cause of Death, {First (Primary,) Hemorrhage,

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem.

Date of Burial, March 13th 1880

{Undertaker, P. Mullen

{Place of Business, ——

T. G. Ireland M. D.

Medical Attendant.

Address Coroner E. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 38420

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38420

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Flaherty

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 5 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 385 Eastern Avenue

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) ____

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 14th 1880

James C. Hand M. D.
Medical Attendant.

Undertaker, H. M. Gilmore

Place of Business, 341 Canton Ave

Address, 1812 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 38421

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Leonard

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 28 *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 65 Lyon

Cause of Death, First, (Primary,) Puerperal fever

Second, (Immediate,) ____

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, March 14th 1880

Undertaker, H. M. Gilmeyer

Place of Business, 341 Canton Ave.

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38422

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Baruch

Sex, Male or Female, {cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cooper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prag - Austria

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 42 Duncan alley

Cause of Death First, (Primary.) Remittent Fever

Second, (Immediate,) Pneumonia

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery

Date of Burial, March 16

Undertaker, John Herring.

Place of Business, 382 Orleans St *Address,* 357 Orleans St

J H Kleollenberg. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The spaces ... Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38423

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James Daniel Robertson

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ———

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 17 Bruce St

Cause of Death, { First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Two (2) weeks

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sun March 14th 1880

J. C. Skinner M. D.
Medical Attendant.

Undertaker, Wm. N. Dugan

Place of Business, No 41 East St

Address 41 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 384241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12 March 1890

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mariah Abner

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Rockbridge Va

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number.} 199 N Front St

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) 3 "

Duration of Last Sickness, 3 week.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, March. 14. 1890

Undertaker, Charles A White

Place of Business, 35 Granby St *Address*

Richd Sappington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ann Mahoney

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 68 *Years,* 8 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Widow

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Entire lifetime.

Place of Death, {Give street and number} 9 McElderry St.

Cause of Death First, (Primary.) Paralysis, &c.

Second, (Immediate,)

Duration of last Sickness, Four weeks and 1 day

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 16th

Undertaker, Geo. Schilling

Place of Business, Ashland Square

D. M. Cathell M. D.
Medical Attendant.

Address, 21 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38426

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38426

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Weis

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Prussia (730 in America

Duration of Residence in the City of Baltimore, 350

Place of Death, {Give street and number} City Hospital

Cause of Death, First, (Primary) Acute Senile Gangrene

Second, (Immediate,) Exhaustion

Duration of last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 15th

Oscar J. Cochran M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, 4th and Eyrau

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mabel Barnes

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Two *Years,* Two *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 103 S. Caroline St

Cause of Death { First, (Primary,) Tubercular Meningitis
Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holly Cross Cemetery

Date of Burial, March 15th 0880

Undertaker, D.W. Myer

Place of Business, 12 W. Balto St

John Morris *M. D.*
Medical Attendant.

Address, No. 6 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38428

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 15 1880 BALTIMORE

Date of Death, March 12 - 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} James W. Hook

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months.* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 36 Jordan Alley

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Inanition

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, March 15th 80

Undertaker, Thos. J. Locke

Place of Business, 730 Jefferson St *Address* 220 Linden Ave

J. R. Page *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 15 1880 BALTIMORE

Date of Death, March 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Octavia V Foster

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 C *Years,* 10 months *Months,* 10 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Mathews Co Virginia.

Duration of Residence in the City of Baltimore, about 14 years.

Place of Death, {Give street and number} 44 Hampstead St

Cause of Death { First, (Primary,) Scarletina Maligna
Second, (Immediate,) Pyemia

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Grove

Date of Burial, March 15th 1880

Undertaker, Theo F Locke

Place of Business, 73 Jefferson St

D W Cathell *M. D.*
Medical Attendant.

Address, 211 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 7

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38430

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Muller

Sex, Male or Female, {cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number} 33 S Paca.

Cause of Death, First, (Primary,)

Second, (Immediate,) Suicide by taking Arsenic

Duration of last Sickness, Eight hours

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Home

Date of Burial, March 16th 1880

Undertaker, Conrad Hunter

Place of Business, 60 Park Ave

Carl Ash Coroner *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. Estelle Kennedy

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 343 Hollins St. Balto city

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and number} 343 Hollins St

Cause of Death First, (Primary,) Cold

Second, (Immediate,) Membranous Croup & Pneumonia

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, March 16 80

Jos. E. Chaplo M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 53 & 55 Fayette St *Address,* 18 S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Lola Kirby

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, ____ *Years,* 3 *Months,* 25 *Days*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 195 Chester St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Pertussis

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, March 15, 1880

Undertaker, M. A. Days

Place of Business, 74 S. Broadway

H. C. Hill M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38433

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Muschin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Peddler

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} Hebrew Hospital

Cause of Death, First (Primary,) Insufficiency & Stenosis aortic valves

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 hrs (?) years

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetary

Date of Burial, March 15 80

Undertaker, W Eden

Place of Business, 101 Gough St

D. Strauss M. D.
Visiting Physician Medical Attendant

Address Hebrew Hospital
Cor Bayard & Lombard Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 38434

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38434

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry L. Guinan

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 35 *Years,* 2 *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Blacksmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hanover Pennsylvania

Duration of Residence in the City of Baltimore, Thirteen years

Place of Death, {Give street and number} 21 Clinton Ave.

Cause of Death, First, (Primary,) Suppression of urine & Inflammation

Second, (Immediate,) Collapse

Duration of last Sickness, 16 hours.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 16–1880

Undertaker, Thos Rottel

Place of Business, 160 German St

H. K. Fetterhoff M. D.
Medical Attendant.

Address, 77 Lemmon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

(OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 98 4735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Perry

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, about 55 *Years,* ..... *Months,* ..... *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick City Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 40 King St

Cause of Death { First, (Primary,) Cold
Second, (Immediate,) Consumption

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 15 1880

Undertaker, J. W. Chase

Place of Business, 118 S. Howard St

Jos. E. Blagle M. D.
Medical Attendant.

Address, 18 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Saw this woman last on June 1, C

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Bright

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 1 *Months,* *Days.*

Color, Colored *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 45 Raborg St

Cause of Death, First (Primary,) Capillary Bronchitis

Second (Immediate,) ~~One week~~ "

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 15 1880

Undertaker, S W Chase

Place of Business, 175 Harrison

Geo Pennington M. D.
Medical Attendant.

Address 98 N Green st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzie Schuchardt

Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~ Female

Age, Five *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ~~Married~~ ~~Widow~~

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Five years

Place of Death, { Give street and number. } 543 Harford ave

Cause of Death, First (Primary,) Intestine Invagination

Second (Immediate,) " "

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 16. 1880

R. L. Watson M. D.
Medical Attendant.

Undertaker, H Sander

Place of Business, 250 & 252 Canton Ave *Address* 437 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 38438

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38438

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen E. Crane

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, Four *Years,* three *Months,* thirteen *Days.*

Color, Wite

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} No 124 S. Stricker St. Balt.

Cause of Death, First, (Primary,) Membranous Croup

Second, (Immediate,) Asthenia

Duration of last Sickness, Four days

All the above Information should be furnished by the Physician.

Place of Burial, Old Southern Cemetery

Date of Burial, March 15

Undertaker, J B Cook

Place of Business, 707 West Baltimore

T. F. McCormick M. D.
Medical Attendant.

Address, Balt. Gen. Dispy

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Notice

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Edward Bottel

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 24 *Years,* 2 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Cigar Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 233 North Canal Street

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Marasmus & Asphyxia

Duration of last Sickness, One (1) Years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemt

Date of Burial, March 16, 1880

Undertaker, Henry Houck

Place of Business, 429 Central Ave

J. W Selour M. D.
Medical Attendant.

Address, S E Cor Canal & Carlton Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3844

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arabella Coburn

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 7 *Years,* 5 *Months,* ____ *Days.*

Color, ~~Black~~ Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number} 107 N Dallas St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) ____

Duration of last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 16 1880

Undertaker, E Cox

Place of Business, 84 & 86 Bank St

D W Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38444

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38444

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Hoff

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, ~~Years~~, ~~Months~~, 6 Days.

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 118 S Ann St

Cause of Death, First, (Primary.) Trismus Nascentium

Second, (Immediate.)

Duration of last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Baughmans Amety

Date of Burial, March 16 1880

Undertaker, E Cox

Place of Business, 847 & 6 Bank St

Thomas J. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[97M.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Degner

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 48 *Years,* 7 *Months,* *Days.*

Color, white

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Baker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number} 9 Walker St

Cause of Death First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, 15 March

{Undertaker, Jacob Hyman

{Place of Business, 132 E. Eden St

Aug. F. Erich M. D.
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3 1 4 4 5

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Klein

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Seventy Eight *Years,* ~~Months,~~ Seven *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number} 257 E Eager st

Cause of Death, First, (Primary,) Senility

Second, (Immediate,) ~~~

Duration of last Sickness, ~~~

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 15th

Undertaker, H. N. Troll

Place of Business, # 131 Hanover St

Signature Sir Klein M. D.
Medical Attendant.

Address 257 E Eager st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 38444

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas William Mann

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One (1) *Years,* Two (2) *Months,* Eleven (11) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, ~~Laborer~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~~Always~~

Place of Death, {Give street and number} #32 Fairmount Ave

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Scarlatina,

Duration of last Sickness, (8) Eight Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 15th 1880

Undertaker, Armstrong & Denny

Place of Business, Montgomery St. bet 8th & 9th *Address,* 166 W. Fayette St.

D. J. Baisley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B Dangrey

Sex, Male or ~~Female,~~ {cross out the word not required in this line.} Male

Age, 64 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married, Single,~~ ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Ice Dealer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, ~~Born~~ Boyn

Place of Death, {Give street and number} 123 S Exeter

Cause of Death {First, (Primary,) Dysentery

Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cem[illegible]

Date of Burial, March 16th

Geo. D Kemmon M. D.
Medical Attendant.

Undertaker, Thos A Hughes

Place of Business, 611 East Balt. *Address,* 73 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reimyer Ferguson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 78 Years, — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} 165 Orleans St

Cause of Death { First, (Primary,) — Second, (Immediate,) } Malditis Cerebri

Duration of last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 16th 1880 J. J. Gross M. D.

Medical Attendant.

Undertaker, H. McLennon & Son

Place of Business, 82 10 Balt *Address,* 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE MAR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Smith

~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 35 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Basket Makes

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ewickbe England

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give street and number } North East cor Lombard & Marshmarket place

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Bulla Cemetry

Date of Burial, March 15th 80

Undertaker, Thos. L. Hughes

Place of Business, 110 E. Balto

R. L. Burrell M. D.
Medical Attendant.
Balto. Gen. Dis.

Address, 340 Park ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38448

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38448

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Dunbar

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany—36 years

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number} 18 N. Chapel St.

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Consumption

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, March 16 1880

Undertaker, Henry Hoeck

Place of Business,

James A Steen M. D.

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by J. H. Smith

OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Johnson (Mother

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~[illegible]~~ *Years,* ~~[illegible]~~ *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 5 Smith's St — between Balto & Hanover — Regt & Broadway

Cause of Death, First, (Primary.) ~~[illegible]~~ Second, (Immediate,) Asthenia

Duration of last Sickness, ~~[illegible]~~

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, March 15th 1880

Undertaker, Pat. Mullin

Place of Business, S. P. Park ave

John A. Lee M. D.

~~Medical Attendant.~~

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd by Geo E. Taylor [over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38450

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 15 1880 BALTIMORE

Date of Death, 14th March 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wesley Simonson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 52 *Years,* 10 *Months,* 5 *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 199 Conway st

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Old Ground

Date of Burial, March 16th 80

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw *Address,* 57 Barre

T. W. Wabeler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38457

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38457

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th March 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Otterbein

~~Sex~~, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Paper Carrier

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number} 388 Hanover Street

Cause of Death, First, (Primary.) Concussion of Brain and injuries to thorax

Second, (Immediate,) by being struck by a R.R. Car - Shock

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 16th

A. M. Hodge M. D.
Medical Attendant.

Undertaker, H. Breidt

Place of Business, Hanover St. *Address,* 201 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Hall

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 46 Cohens Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Marasmus

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem'y

Date of Burial, March 15 1880

Undertaker, F. A. Kershner

Place of Business, 50 S. Carrollton Ave

Thos. A. Steuart, M. D.

Address, Comm'r of Health

H. Meyostra

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Examd. D. V. Fitzpatrick

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Baggett

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Years 6 mo. Months, Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross off the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 57 N Spring St

Cause of Death {First, (Primary,) Capillary Bronchitis

{Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, 16 of March

Undertaker, Henry Hofmann

Place of Business, 631 E Eden St

Geo. S Keaneman M. D.
Medical Attendant.

Address, Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joaquin Salva

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 30 *Years,* 30 *Months,* ..... *Days.*

Color, Bronze

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Sailor V

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Spain

Duration of Residence in the City of Baltimore, 18 Days

Place of Death, {Give street and number} University Hospital

Cause of Death First, (Primary,) Paralysis.

Second, (Immediate,) Asthenia.

Duration of last Sickness, 18 Days

All the above information should be furnished by the Physician.

Place of Burial, Westn Pub Cemetery

Date of Burial, Mar 15/80

Undertaker, H & L Enslaver

Place of Business, 50 S Carrollton Ave

F. West M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 31455

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 38455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma C. Miller

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Three Years, Nine Months, One Day.

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No. 5 Walker St

Cause of Death, First, (Primary.) Measles

Second, (Immediate.) Convulsions

Duration of last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cemetery

Date of Burial, March 16.

Undertaker, John Hennig.

Place of Business, 382 Orleans St

Wm H. Clendinen M. D.
Medical Attendant.

Address, No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sanders

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 5 Henry St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 17th 1880 Thos. Corbett M. D.

Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Stiles St | *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Tighe

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, about 49 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number.} 9 Randall St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Inflammation of Stomach & Bowels

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, R. C. Cemetery

Date of Burial, March 17 1880

Undertaker, Wm P Byrne

Place of Business, Front St

R. C. Lee M.D.
Medical Attendant.

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Virginia Bowman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 19 *Years,* 4 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number} 136 Chew st

Cause of Death First, (Primary,) Eclampsia occuring in month before confinement

Second, (Immediate,)

Duration of last Sickness, One week-for weeks Convulsions for 14 hours

All the above information should be furnished by the Physician.

Place of Burial, Bethel Cemetery

Date of Burial, Mar 17 1880

Undertaker, Chas T Byrne

Place of Business, Front st

D McCathran M. D.
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice W. Burks

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 75 years

Place of Death, {Give street and number.} No 233 West Hoffman Street

Cause of Death, First (Primary,)

Second (Immediate.) Pneumonia

Duration of Last Sickness, 8 days

All the above Information should be furnished by the Physician.

Place of Burial, Friends Ground

Date of Burial, March 17/80

J. D. Mackenzie M. D.

Medical Attendant.

Undertaker Edward H. Mercer

Place of Business, 30 Park Ave Address 67 Franklin St Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the ease comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Hewes

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Union Protestant Infirmary

Cause of Death { First, (Primary.) Cancer of Breast

Second, (Immediate.)

Duration of last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, Shrewsberry Pa

Date of Burial, Mch 17th 1880

Undertaker, Denny and Mitchell

Place of Business, 550 W Fayette st

Chas Fewett M. D.
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Trans 1702

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Vondestick

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 43 Years, 8 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Shirt-Wearer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number} 266 Canton Ave

Cause of Death, First, (Primary,) Murbus Brightii

Second, (Immediate,) Hydrops, Anasarca

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Church

Date of Burial, March 16th

Undertaker, Wendelin Diffel

Place of Business, S. Bond st. 151

J. Matthews, M. D.
Medical Attendant

Address, 245 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 38462

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38462

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lee. Brown

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 175 N. Exeter St

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Bronchitis Capillary

Duration of last Sickness, 19 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 17-1880

Undertaker, D. W. Myer

Place of Business, W. Balto St

Edward P. McDevitt M. D.
Medical Attendant.

Address, 133 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...M. J. C. DUGANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Pindle

Sex, *Male or Female,* {cross out the word not required in this line.} Male

Age, about 75 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number} 12 Ohio Av

Cause of Death { First, (Primary,) — Old age

Second, (Immediate,) — dont Know

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W.S. Pub. Cemetery

Date of Burial, Mar 15 80

R. C. Lee M. D.

{Medical Attendant.} Coroner's

Undertaker, Fred A Kercher

Place of Business, 50 Stockton Ave *Address,* Hanover & Balto Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 38464

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15 March

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane E Lee

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 5 *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ____

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Co

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give street and number } No 25 N Gilmor St

Cause of Death, First, (Primary.) ____

Second, (Immediate,) Pneumonia

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 17th 1880

Undertaker, Jos. R. Scott

Place of Business, 1707 N. Baltimore Street

Wm Allen M. D.
Medical Attendant.

Address, Cor Gilmor & Stricker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...L. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Grace Kemp

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 25 *Years,* 4 *Months,* 2 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 104 McCulloh St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate,)

Duration of last Sickness, About 1 year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, March 17 1880

Undertaker, Mr. A. Bruzzi

Place of Business, 228 Madeira Ave

Stiles Emerson M. D.
Medical Attendant.

Address, 2 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38466

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Deane

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.} Married

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 56 Davis St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis / Second (Immediate,) Tuberculosis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 16 1880

Undertaker, B. Hagle

Place of Business, Light St

E. Mclaw M. D.
Medical Attendant.

Address 51 N. Calvert St.

HEALTH DEPT. MAR 16 1880 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 38467

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Benjamin Brown

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Forty five *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} West Point

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number} Lockhaven Ct. No 17

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetry

Date of Burial, March 16th 1880

T. F. McCormick M. D.
Medical Attendant.

Undertaker, Wm N Gaugue

Place of Business, No 62 East St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38468

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Thomas

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* 12 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give street and number} 5 Meades al (Branans ct

Cause of Death First, (Primary.) Consumption of Bowels

Second, (Immediate,) Atrophia

Duration of last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, March 16

Undertaker, Wm. H. Owens

Place of Business, 224 Eastern Ave

H. H. Potts M. D.
Medical Attendant.

Address, 315 Fleet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Wilson

Sex, Male or Female, {cross out the word not required in this line.}

Age, Sixty five *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, About 40 years

Place of Death, {Give street and number} 9 Chestnut

Cause of Death, First, (Primary,) Cholera

Second, (Immediate,) Consumption

Duration of last Sickness, About six weeks

All the above information should be furnished by the Physician.

Place of Burial, Chestnut Grove Balto County

Date of Burial, March 17th

Undertaker, Geo Schilling

Place of Business, Ashland Square

Medical Attendant. M. D.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 38470

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Barkley

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, about 40 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Captain of an Oyster Pungy

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Wicomico Co. Md

Duration of Residence in the City of Baltimore, Never lived in Baltimore - Brought here sick on his vessel

Place of Death, {Give street and number} 16 Spruce St (near Cr Washington & Knight St

Cause of Death, First, (Primary,) Pneumonia from which recovery had almost

Second, (Immediate,) taken place - Exposure - relapse - death.

Duration of last Sickness, From Beginning of 1st attack about 3 weeks till death

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 16 1880

Undertaker, J W Chase

Place of Business, 195 S Howard St

D W Cattell M. D.
Medical Attendant.

Address, 24 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38471

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38471

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 17 1880 BALTIMORE

Date of Death, March 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane White

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, Col

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland,

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number} No 4 Cross Alley

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Exhausting Diarrhoea

Duration of last Sickness, Three (3) Weeks Without Treatment

All the above information should be furnished by the Physician.

Place of Burial, Laurel Society

Date of Burial, March 16 1880

Undertaker, S W Chase

Place of Business, 184 S Howard St

H H Antrim M. D.
Medical Attendant.

Address, 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jobud W. Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* One *Months,* *Days.*

Color, Black *Sex,*

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 65 Gravel al.

Duration of Residence in the City of Baltimore, Thirteen months

Place of Death, {Give street and number.} #65 Gravel al.

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Prostration

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, March 17 1880

Undertaker, S. W. Chase

Place of Business, 198 S Howard St

F. B. Gardner M. D.
Medical Attendant.

Address 130 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Baily

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 29 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* —

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 220 N. Calvert St

Cause of Death, First (Primary,) Pleuro-Pneumonia Complicated with

Second (Immediate,) Inflammation of Diaphragm. Asphyxia

Duration of Last Sickness, Nine days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, March 17th 1880

James A Steuart M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 530 N Fayette Address 93 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 17 1880 BALTIMORE

Date of Death, March 14 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Wozier

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 24 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Westminster City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} Dallas Street

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Dallas Street G

Date of Burial, March 19 1880

Undertaker, Theodore G. Locke

Place of Business, 73 Jefferson

Martin Brown M. D.
Medical Attendant.

Address, 68 W. Cultur

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Schmidt

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 131 N Bond

Cause of Death { First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of last Sickness, 17 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Tuesday 2 O'Clock P.M. 17th.

Samuel R. Arnold M. D.
Medical Attendant.

Undertaker, Jacob Muller

Place of Business, No 21 Harrison St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kier Williams

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, —— *Years,* 1 *Months,* 5½ *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 207 Raborg St

Cause of Death, First, (Primary,) Convulsions Coughs

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, March 17 1880

Undertaker, Hercules Ross

Place of Business,

Thos A Steele M. D.
Attending Physician

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by Geo E. Brown

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Emma Martin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 8 *Months,* *Days.*

Color, Col'd *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Shaft St. 1025 Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 25 Shaft St

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,)

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery, W. H. Mahon M. D.

Date of Burial, Feb 17, 1880 Medical Attendant.

Undertaker, A Wagman

Place of Business, 1213 Aisquith St *Address* No 138 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 38478

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Taylor

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 1 E. 15th & Guilford Ave

Cause of Death, { First, (Primary.) Paralysis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, March 16th 80

Undertaker, Thos. Lorance

Place of Business, 280 Eastern Ave

J. Knight M. D.
Medical Attendant.

Address. 2 W. Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH MAR 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday March 15th. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Diffley

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number} ~~St Patrick Cemetery~~ 98 E. Madison St

Cause of Death First, (Primary,) Phthisis Pulmonalis with Cardiac Complication

Second, (Immediate,) Asthma

Duration of last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, March 17 1880

Undertaker, James P Byrne

Place of Business, No 63 N. Gay St

Wilmer Brinton M. D.
Medical Attendant.

Address, 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Leroy Everett

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 10 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 402 North Stricker St

Cause of Death First, (Primary.) Inflamatory Rheumatism

Second, (Immediate.) Metastasis to heart

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, March 17th 1880

Undertaker, Jos. B Carr

Place of Business, No 707 W. Baltimore Street, *Address,*

D. P. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 38481

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Ratty

Sex, Male or Female, {cross out the word not required in this line.}

Age, 40 *Years,* 11 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Horse [redacted] Groom

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Navan County Meath Ireland

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number} 46 Penn or

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) My first and only visit last night found him dying

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, March 18th 1880

Undertaker, Geo. B. Loch

Place of Business, No 707 N. Baltimore Street

Dr P Hoffman M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained. the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Keller

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 273 S. Bond St

Cause of Death {First, (Primary,)

{Second, (Immediate,) Spasms

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 17th 1880

Undertaker, Leonhardt Kurz

Place of Business, 277 S. Bond St

James A. Steuart M. D.

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jno V. Fitzpatrick

[OVER.]

No. 38483

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38483

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Heinrich Seefeld

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 47 *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, tobacconist

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 8 years

Place of Death, { Give street and number } 664 Light St.

Cause of Death, First, (Primary,) Diabetes mellitus

Second, (Immediate,) Cachexia

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Mar. 18 80

Henry Schutt M. D.
Medical Attendant.

Undertaker, T. N. Toll

Place of Business, # 131 Hanover *Address,* 165 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 38484

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38484

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisa Hoffman

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 8 *Years,* 4 *Months,* 2 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} N. 59 Germania Pl

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Mal Nutrition

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetary

Date of Burial, March 18th 1880

Wm Lee M. D.
Medical Attendant.

Undertaker, Wm. Seewald

Place of Business, 35 S. Eutaw St *Address,* 103 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 17 1880 BALTIMORE

Date of Death, March 17.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Anna Haring.

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Female.

Age, ... *Years,* 3 *Months,* ... *Days.*

Color, White *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} President 46.

Cause of Death, First (Primary,) Bronchial Catarrh

Second (Immediate,) Spasm

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, March 18th, 1880

Undertaker, Peter Frey

Place of Business, 91 Eastern Av

John H Schultz M. D.
Medical Attendant.

Address N E Cor Gough & Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 01474

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Brown

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* ~~Days.~~

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 46 Vine St

Cause of Death First, (Primary,) Scrofula

Second, (Immediate,) "

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem'y

Date of Burial, March 17th 1880

Undertaker, Wm H. Duncan

Place of Business, East St

Thos A Shunk M. D.

~~Health Department.~~

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by I. V. Fitzpatrick

[OVER.]

No. 38487

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dominic Gallman

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 46 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Carpenter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 34 yrs

Place of Death, { Give street and number } Cor Fremont & Patterson ave

Cause of Death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Pats Cemetery

Date of Burial, March 18

Undertaker, Hallum Cadogan

Place of Business, 122 Lombardy St

Geo. B. Reynolds M. D.
Medical Attendant.

Address, 432 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07...]

The Special Attention of Physicia[illegible] to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Brun

Sex, Male or Female, {cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, C

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number} N. 14 Jasper st

Cause of Death First, (Primary,)

Second, (Immediate,) Consumption

Duration of last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, March 17. 1880

Undertaker, Charles A White

Place of Business, 36 Granby street

[illegible] M. D.
Medical Attendant.

Address, 24 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 38489

The Special [redacted] ...ecially Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 17th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Hagaza

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, — *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore,

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 34 Mulberry St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa.

Date of Burial, March 17th 1889

Felix Lewis M. D.
Medical Attendant,

Undertaker, Wm O'Weaver

Place of Business, No 202 N. Eutaw St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1705 Fre

[OVER.]

No. 38490

The Spec[illegible] to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38490

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ryan

Sex, Male or Female, {cross out the word not required in this line.}

Age, 89 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Tipperary (Ireland)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Cor. of John and Valley Sts

Cause of Death {First, (Primary,) Infirmity

{Second, (Immediate,)

Duration of last Sickness, about two month

All the above information should be furnished by the Physician.

Place of Burial; Holy Cross Cemetery

Date of Burial, March 18th 1880

Undertaker, Henry Shelbeis

Place of Business,

Jm. Roche Byrne M. D.
Medical Attendant.

Address, Hole E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Spe... ...ers Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Josephine Schmitt

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 0 *Years,* 4 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 290 E. Chase St

Cause of Death { First, (Primary,) Croup

Second, (Immediate,)

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Comet

Date of Burial, March 18, 1880

Abram Bloom M. D.
Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, 364 Central Ave *Address,* 9 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...to List of Diseases on Back of this Certificate.

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 16 - 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents } Ida Jones

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 3 *Years,* 8 *Months,* 5 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Minor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 331 N. Howard St. City

Duration of Residence in the City of Baltimore, 3 yrs +

Place of Death, { Give street and number. } 331 N. Howard St. Baltimore City

Cause of Death, First (Primary,)

Second (Immediate,) Heart Disease ?

Duration of Last Sickness,

All the above information should be furnished by the Physician.

No one until after death nor from this partially Last Illness.

W. E. Manly M. D.

Medical Attendant.

Place of Burial, Laurel Cemetery

Date of Burial, March 17th 1886

Undertaker, Wm James Grace

Place of Business, 65 Saratoga St

Address 24 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3844-93

The Spec[illegible] to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38493

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mead

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 65 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number} 13 Hanover

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, March 18th 1880

Undertaker, C. Eckhard

Place of Business, 269 Canton Ave

James E. Donelan M. D.
Medical Attendant.

Address, 192 Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Sp[illegible] Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Ed. Smith

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 40 Cohen alley

Cause of Death First, (Primary,) Hydrocephaloid Disease

Second, (Immediate,) Exhaustion and Cerebral Lar

Duration of last Sickness, One week about

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem[illegible]

Date of Burial, March 17th 80

Undertaker, Abraham Hayman

Place of Business, [illegible] 13 Saratoga

Rumsey M. D.
Medical Attendant.

Address, 64 N Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 38479

The Spe[illegible] to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38495

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie [redacted] Kuser

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, [redacted] 1 *Years,* 2 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 74 Hanbury St

Cause of Death, First, (Primary.)

Second, (Immediate,) Convulsions

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Ball Cemetery

Date of Burial, March 18. 3 o'clock

Theodore Cook M. D.
Medical Attendant.

Undertaker, B. Hook

Place of Business, 441 Light St

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

...marks Below, and to List of Diseases on Back of this Certificate.

...of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED MAR 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jennie Fracker

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 9 *Months,* 12 *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 196 Henrietta St.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Cerebral Meningitis

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 18. 1880

R. M. Hall M. D.
Medical Attendant.

Undertaker, S. W. Chase

Place of Business, 198 S Howard st *Address,* 262 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 0944

...to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH MAR 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Boone

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 66 Wilmer alley

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, March 17 1880

Undertaker, C W Chase

Place of Business, No 198 Howard st

Chas Fawcett M. D.
Medical Attendant.

Address, 92 Hoslue St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 38498

...ny invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} R Lydia Ann Stewart

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 50 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, Washwoman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number} 62 Williamson St.

Cause of Death, First, (Primary.) ——— Ascites & Anasarca.

Second, (Immediate,) Asthenia

Duration of last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 18 1880

Undertaker, S M Chase

Place of Business, No 198 Howard St

R B Fishburne M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38499

...spectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 38499

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Blaine

Sex, Male or Female, {cross out the word not required in this line.}

Age, 55 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Weaver

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Ireland - 30 yrs

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number} No. 182. Bank st

Cause of Death, {First, (Primary,) ____ Second, (Immediate,) Pneumonia (Double)

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cty

Date of Burial, March 19. 1880

Undertaker, D. H. Jenkins & Son

Place of Business, 16 Light st

E. L. Clarke M. D.
Medical Attendant.

Address, 237 E. Gough st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

No. 38500

...ully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38500

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Mitchell

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Forty *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 435 Brook Street

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Westernsemetary

Date of Burial, March 18. 1880

Chas. H. Nott M. D.
Medical Attendant.

Undertaker, J. Rohe

Place of Business, 425 Cross street *Address,* 306 E. Lexington Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. Willis & Laura Dorsey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 4 *Days.*

Color, Mulatto *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 159 Tyson St.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 159 Tyson St

Cause of Death, First (Primary,) Umbilical haemorhage

Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 18. 1880

Undertaker, John C. Gordon

Place of Business, No 68 Pulaski

A. H. Thompson M. D.
Medical Attendant.

Address 41 Orchard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38502

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Tillman

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* —— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 67 S. Durham St

Cause of Death First, (Primary,) Unknown

Second, (Immediate,) Unknown

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Dallas Street

Date of Burial, March 19th 1880

Undertaker, Theodore Lockard

Place of Business, 12 Jefferson *Address,* 137 Orleans St

J. Glenn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 38503

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 18 1889 BALTIMORE

Date of Death, March 16th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Taylor

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} F

Age, 25 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Calvert Co. Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 18 Hamilton St

Cause of Death, {First (Primary,) Pthisis Pulmonalis

{Second (Immediate,)

Duration of Last Sickness, 5 mos.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, March 18th 1889

Undertaker, Wm. H. Reisch Jr

Place of Business, 97 Druid Hill Ave

H. D. Vaught M. D.
Medical Attendant.

Address Pine & Mulberry Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38504

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Michelmann

Sex, Male or Female, {cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, housekeeper

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number} 20 Park st,

Cause of Death, First, (Primary,)

Second, (Immediate,) Suffocated, and burned to death

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 19 1880

Undertaker, Jos. B Smith

Place of Business, No 707 W Baltimore Street

Geo C Cook M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38505

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38505

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF ~~DEATH~~.

HEALTH DEPARTMENT MAR 17 1880 BALTIMORE

Date of Death, March 17th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Juliana Wolf

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ——— *Years,* 1 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State of country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 349 Eastern Avenue

Cause of Death, { First, (Primary,) ——— Second, (Immediate,) Convulsions

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, March 18th

Undertaker, H. Frechtling

Place of Business, 246 Eastern Av

Chas E. Shaw M. D.
Medical Attendant.

Address, 349 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OV 48.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday March 18th 1880,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thmeria Redmon

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 21 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 78 Harford Ave

Cause of Death First, (Primary.) Puerpal Fever

Second, (Immediate.)

Duration of last Sickness, Six Days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 20 1880

Undertaker, Jas C Byrne

Place of Business, 63 Hunt

Wilmer Brinton M. D.
Medical Attendant.

Address, 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17. 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice May Mumford

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Her life

Place of Death, {Give street and number} Miller Hotel Gunpowder

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,) Her throat

Duration of last Sickness, Her life

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 18th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Av. *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38508

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Bell

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 38 *Years,* 10 *Months,* ~~ *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} 52. Peach alley

Cause of Death { First, (Primary,) Chill
Second, (Immediate,) Pneumonia supposed

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls St Cemet

Date of Burial, March 17 1880

Undertaker, Saml W. Chase

Place of Business, Howard St Hill

Thos H Hunt M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John T. Dunning

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Connolly

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, _____ *Years,* 3 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 20 Grove St

Cause of Death, {First, (Primary.) Spasms & vomiting / Second, (Immediate,) Spasms

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 19 March 10 Oclock

Geo B Reynolds M. D.
Medical Attendant.

Undertaker, George C Rodenmayer

Place of Business, 38 Eutaw Street *Address,* 44 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 38570

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18/88

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Kauber

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, wht

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 26 yr

Place of Death, {Give street and number} 4 Anthony st

Cause of Death, First, (Primary,) General debility of old age

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Balm.

Date of Burial, March 20th

Undertaker, Adam Fink

Place of Business, 476 N. Gay St *Address,* 26 n E Ave

J. A. Warner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38511

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1889 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Zirkle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* 4 *Months,* 4 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 83 N. Liberty St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, Seven years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemt

Date of Burial, March 20th 1889

J. E. Lindsay M. D.
Medical Attendant.

Undertaker, Andrew S Hodges

Place of Business, No 416 Druid Hill Ave *Address* 159 Park ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8512

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Cassidy

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* Four hours ~~*Days.*~~

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 65 South High St

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 65 South High St.

Cause of Death, First, (Primary.) Congenital

Second, (Immediate,) Congestion of the brain

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's Cemetery

Date of Burial, March 18 1880

Undertaker, James P Kane

Place of Business, No 63 S Eutaw St

Wilbert A. Taylor M. D.
Medical Attendant.

Address, Pendleton & McElderry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Annie E. Smead

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 283 E. Broadway St

Cause of Death { First, (Primary,) Phthisis Pulmonalis — with
Second, (Immediate,) Valvular Disease of Heart

Duration of last Sickness, 5 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 19, 1880

Undertaker, Thos S Hughes

Place of Business, 60 E Baltimore St

Wilmer Simon M. D.
Medical Attendant.

Address, 25½ Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Sargent

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* One *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 62 George St-

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No 62 George St-

Cause of Death First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Hebron Av

Date of Burial, March 18th

Undertaker, John H Weaver

Place of Business, 129 N Read St

Thos. F Owens M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 28315

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Bohn

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, One *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 152 Raborg St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, March 18 1880

Chas W. Jeffs M. D.
Medical Attendant.

Undertaker, William Berry

Place of Business, No 62 East Street

Address, 306 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth R B Carzen Hoffman

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* 10 *Months,* 16 *Days.*

Color, White

Married, ~~Single,~~ *Widow or* ~~Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} Franklin & Charles Sts

Cause of Death, {First (Primary,) Pneumonia

{Second (Immediate) Abcess of Parotid gland & Pulm Pneumonia

Duration of Last Sickness, 8 & 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 19th March 1880

Undertaker, Hyn. Jenkins & Son

Place of Business, 16 Light St

Physician Buckler M. D.

Medical Attendant.

Address 135 n Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Mitchel

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Mott No 6

Cause of Death { First, (Primary,) / Second, (Immediate,) Apoplexy

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, March 19th /80

E. G. Baldwin M. D.
Medical Attendant.

Undertaker, Wm. H. Hackman

Place of Business, 236 N. Gay St *Address,* 124 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Golston Spicer

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} 490 West Baltimore St.

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) " "

Duration of last Sickness, 12 months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 19th 1880

Undertaker, Wm. B. Cook

Place of Business, No 707 N. Baltimore Street

A. G. Fox M. D.
Medical Attendant.

Address, Cor Payette & Schroeder Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Bezilen Small

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* ——— *Months,* ——— *Days.*

Color, white *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 14 Jackson Square

Cause of Death, { First (Primary,) Cynanche Tonsillaris
Second (Immediate,) ———

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Newburyport Mass

Date of Burial, March 20th 1880

Geo. C. Bemiger M. D.
Medical Attendant.

Undertaker, Thos O Murphy

Place of Business, 6th & Balto Address Cor Bdway & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38520

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Healey

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One *Years,* Seven *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 154 Chesapeake St.

Cause of Death First, (Primary.) Catarrhal Pneumonia & chronic Croup,

Second, (Immediate,) asthenia

Duration of last Sickness, four months

All the above Information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, March 19th 1880

Undertaker, Henry Linder

Place of Business, 252 Canton Av

Jno S Leyden M. D.
Medical Attendant.

Address, 17 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Reagan

~~*Male*~~ or *Female,* {cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and number} Park Avenue

Cause of Death First, (Primary,) Strangulated hernia (Operation)

Second, (Immediate,) Pneumonia

Duration of last Sickness, about 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, March 19th 1888

Undertaker, Chas T Scriven

Place of Business, 221 N Eutaw St

Chas A Doyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38522

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE MAR 19 1880

Date of Death, March 18. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Jones

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Back to City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 40 Cohen alley

Cause of Death First, (Primary,) Marasmus ?

Second, (Immediate,) Exhaustion

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 19, 1880

Undertaker, John C. Porter

Place of Business, No 3 Lud to

Dr. R. W. Mifflin M. D.

Medical Attendant.

Address, 64 No Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 38523

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38523

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAR 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand Walsh

Sex, Male or Female, {cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Liquor shop Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 32 years

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number} 315 Hamburgh

Cause of Death, First, (Primary.) Alcoholismus

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral New Cemetery

Date of Burial, March 19th 1880

S Lehmann M. D.
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38524

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eva Lorig

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 33 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Seamstress

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 316 Aisquith St.

Cause of Death, First, (Primary.) Tuberculosis

Second, (Immediate,) Asthenia

Duration of last Sickness, 1½ yrs

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem'tery

Date of Burial, March 22nd 1880

Oscar J. Colby M. D.
Medical Attendant.

Undertaker, John N. Weaver & Co.

Place of Business, # 22 W. Fayette St.

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38525

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Ann Neal

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 36 Moores Al

Cause of Death { First, (Primary,) Capillary Bronchitis
Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 20/1880

Undertaker, Wm Madden

Place of Business, 280 Chew St

H. Hinselwood M. D.
Medical Attendant.

Address, 201 N Bridle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38326

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Jane Finlay

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, {Give street and number} 150 E. Madison St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 24 years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 21st

Edward P. McDevitt M. D.
Medical Attendant.

Undertaker, Jas C Byrne

Place of Business, 63 Green *Address,* 132 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38327

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38527

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18. 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christian Gans.

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 60 *Years,* — *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Engineer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Fifty yrs.

Place of Death, { Give street and number } 81 E. Eutaw St.

Cause of Death { First, (Primary,) Uraemia

, { Second, (Immediate,) Lesion of the Kidneys

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, 20 March 1880

Undertaker, Thos L Hughes

Place of Business, 611 E Balto

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Wash. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 3[illegible]28

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin Schorke

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 13 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Convulsions

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Fondenbeck

Date of Burial, Mar 19 1880

C. F. Braun, M. D.
Medical Attendant.

Undertaker, C. H. Pleasants

Place of Business, 201 E. Lee

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick N Neal

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 39 N Wharf Street

Cause of Death, First (Primary,) Scrofulosis

Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Mar 20

G F Adams M. D.
Medical Attendant.

Undertaker, C W Hyland

Place of Business, 207 Lemar

Address 215 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38530

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 15th March 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Stein

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 13 *Years,* 2 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number} 53 n. William st

Cause of Death { First, (Primary,) Scarlet Fever
, Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, N. Green Mount Cem.

Date of Burial, March 20/80

Undertaker, J. Hoole

Place of Business, Light St 411

H. W. Welstat M. D.
Medical Attendant.

Address, 57 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38531

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nelson Palmer

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 2 *Days.*

Color, W. B.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, All his day

Place of Death, {Give street and number} 456 W Pratt

Cause of Death { First, (Primary.) Convulsions

Second, (Immediate,)

Duration of last Sickness, about 2 hours

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cem'y

Date of Burial, March 20th

Undertaker, E. Kennard

Place of Business, 37 Mulberry St

Saml Eutaw M. D.
Medical Attendant.

Address, 54 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is respectfully invited to the Rules [illegible] Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 1, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian L. Westmann

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Sixty Two (62) *Years,* ~ *Months,* (29) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Iron Moulder

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number} No 232 Scott St

Cause of Death { First, (Primary,) Supposed Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, For (2) Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 21st 1880

Undertaker, John Thacher

Place of Business, London Place

Dr. D. Glenn M. D.
Medical Attendant.

Address, 133 Scott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 20033

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38833

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch 18/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Bell

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Somerset Co., Md.

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number} 191 Eutaw st

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,)

Duration of last Sickness, about 9 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 21 1880

Undertaker, G. W. Chase

Place of Business, 194 S Howard St *Address,* 256 N Eden st

F A Warner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38534

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Matthews

Sex, Male or Female, {cross out the word not required in this line.}

Age, —— *Years,* 3. *Months,* 9 *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 13 Wester st

Cause of Death, First, (Primary.)

Second, (Immediate.) Inanition

Duration of last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 20 1880

Henderson Cotter M. D.
Medical Attendant.

Undertaker, H. M. Chase

Place of Business, No 138 Howard st

Address, 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below. [illegible] this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38535

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Avery

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* ..... *Days.*

Color, Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 126 Durham St.

Cause of Death { First, (Primary,) Tabes Mesenterica
Second, (Immediate,)

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Dallas St.

Date of Burial, March 21st 1880

Undertaker, Theo J Locke

Place of Business, Jefferson St *Address,* 357 Orleans St.

J. H. Collenberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Harvey.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Forty five *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, 13 yrs.

Place of Death, {Give street and number} 173 Mulliken Pl.

Cause of Death { First, (Primary,) Phthisis. / Second, (Immediate,) —

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, March 21st 1880

Undertaker, Fred J. Locke

Place of Business, 73 Jefferson *Address,* Comm. E. D.

N. C. Ireland *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. PULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 2d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Sheila

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Seventy five *Years,* Seven *Months,* Ten *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 43 Marriott Lo

Cause of Death {First, (Primary,) Old Age

{Second, (Immediate,)

Duration of last Sickness, two or three weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. County

Date of Burial, March 22 and

Undertaker, Leonard Hunkel

Place of Business, 60 Park Ave

D. H. Levin *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 38538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Geo Rehkugler

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 71 *Years,* ____ *Months,* ____ *Days.*

Color, whit

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 49 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 183 S. Dallas St.

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Consumption 6 mos.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, 5th St Paul

Date of Burial, March 20th

R. W. Mansfield M. D.
Medical Attendant.

Undertaker, H. Fischlein

Place of Business, 246 Eastern *Address,* 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday March 19th 1880

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter James Evans

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No. 1 Raburg St.

Cause of Death { First, (Primary,) Pertussis
Second, (Immediate,) 2 months

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 20th 1880

Undertaker, Wm. N. Dorsey

Place of Business, No 62 East [illegible]

D. Dimmitt Norris M. D.
Medical Attendant.

Address, 552 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 21340

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38540

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Matthews

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 32 Parrish alley

Cause of Death, First, (Primary,) Want of attention.

Second, (Immediate,) Infantile convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemetery

Date of Burial, Mar 19/80

Undertaker, H A Kershner

Place of Business, 505 Carrollton Ave *Address,*

Gen'l Op'h Coroner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BAYLEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38541

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 20 1880 BALTIMORE

Date of Death, March 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Perry

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 13 *Years,* 6 *Months,* ..... *Days.*

Color, Black

~~*Married,* *Single,*~~ *Widow* or ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore

Duration of Residence in the City of Baltimore, 3½ years

Place of Death, {Give street and number} 284 Lafayette Ave

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Coma

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, March 20 1880 H. Williams M. D.

Medical Attendant.

Undertaker, F. A. Kerchner

Place of Business, S. Carrollton Ave *Address* 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38542

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 12 M. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gerard Pilot

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 28 *Years,* 2 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Tailor

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 109 Orleans

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto. County

Date of Burial, March 21/80

Undertaker, J. D. Rosing

Place of Business, 97 Orleans

James E Donnelly M. D.
Medical Attendant.

Address, 299 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 20 1880 BALTIMORE

Date of Death, March 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugenie Hammond

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, Eighteen *Years,* *Months,* *Days.*

Color, Colored (Mulatto)

~~Married~~, *Single,* ~~Widowed~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Stricker Street Court

Cause of Death First, (Primary,) Irrepressible Vomiting and

Second, (Immediate,) Inanition

Duration of last Sickness, Thirty days

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 20th 1880

Undertaker, W. H. Bishop Jr.

Place of Business, No. 97 Druid Hill Ave.

C. Gelz M. D.
Medical Attendant.

Address, 579 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 38544

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38544

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Washington

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Two (2) *Years,* ——— *Months,* ——— *Days.*

Color, Col'd Colored (Black)

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 257 N. Orleans St

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Marasmus.

Duration of last Sickness, Three (3) weeks

All the above information should be furnished by the Physician.

Place of Burial, Rural Cemetery

Date of Burial, March 20 1880

Undertaker, Charles A White

Place of Business, 35 Granby St

E. R. Shum M. D.
Medical Attendant.

Address, E. R. Shum 257 N. Orleans St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the ~~said city, it shall be the~~ duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20- 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W. Shipley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 9 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Locomotive Engineer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard County.

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and number.} 267 N. Eutaw St.

Cause of Death, First (Primary,) Pyaemia from Carbuncle

Second (Immediate,) Hemorrhage

Duration of Last Sickness, Many six weeks

All the above information should be furnished by the Physician.

Place of Burial, Howard County W.E. Mosley M. D.

Date of Burial, March 23rd 1880 Medical Attendant.

Undertaker, Chas. T. Benson Address 248 N. Eutaw St.

Place of Business, 248 N. Eutaw "

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transmit number 1707

No. 38546

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rudolph E. Nodill

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4 *Years,* *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} # 180 S. Regester St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate,)

Duration of last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, St. Michael Cem.

Date of Burial, March 21st

John H. Rehberger M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, 512 Eastern Ave

Address, # 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38547

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 20 1880 BALTIMORE

Date of Death, March 19, 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McCaul

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Shoe-maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 24 N. Howard st.

Cause of Death First, (Primary,) Pulmonary Phthisis

Second, (Immediate,)

Duration of last Sickness, 7 or 8 mo.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 21st 1880

Undertaker, John Machen

Place of Business, Penal Constant *Address,* 85 N. Gaines St.

F. P. Keller *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38548

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry J Dufur

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} Nr 325 N. Regester St

Cause of Death, {First (Primary,) / Second (Immediate,)} Scarlatina with Diphtheria

Duration of Last Sickness, 5 days,

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, March 21st

Undertaker, Wm J McKew

Place of Business, 65 S. Eutaw

Dr. Kemble M. D.
Medical Attendant.

Address 1021 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38549

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Boyer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years.* 4 *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 62 Biddle Alley Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 36 Jordan Alley

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, March 20th 1880

Undertaker, Thos. Locke

Place of Business, Jefferson st

Jno. L. Fulks M. D.

Medical Attendant.

Address No. 134 Pearl st. Balt.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38550

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary Leach Leach

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} City Hospital

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,) asthenia

Duration of last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 21, 1880

Undertaker, J B Blenkinsop & Son

Place of Business, 606 Balt St

Frank B Hall M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Hill

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} St Louis Hospital

Cause of Death, First, (Primary.) Old age

Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, March 20-1880

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

Oscar J. Cordery M. D.
Medical Attendant.

Address, 188 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38553

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 1880.

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Gaugharan,

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Forty five *Years,* *Months,* *Days.*

Color, White,

Married, Single, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, None,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland,

Duration of Residence in the City of Baltimore, Twenty two years,

Place of Death, {Give street and number} 135 S. Chapel St.

Cause of Death { First, (Primary,) / Second, (Immediate,) } Consumption.

Duration of last Sickness, Sixteen months.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, March 20, 1880

Nicholas L. Dashiell, M. D.
Medical Attendant.

Undertaker, M. A Dwyer

Place of Business, 74 S Broadway

Address, 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below ... Certificate.

Board of Health, City of Baltimore,

Permit No. 38553

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE MAR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margt. Griffith

~~*Male or*~~ *Female,* {Cross out the words not required in this line.} Female

Age, 40 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seamstress

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt: and Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 32 Richmond St

Cause of Death, First (Primary,) Scirrhus Left Breast

Second (Immediate,) Exhaustion

Duration of Last Sickness, 12 mos

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 21. 1880

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

Thos. S. Latimer M.D.
Medical Attendant.

Address, 187 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38534

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Sewing

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 56 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Soldier

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, Life Years

Place of Death, {Give street and number} 110 E. Eager St

Cause of Death { First, (Primary,) Paralysis
Second, (Immediate,) Life Years

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, National Cemetery, London Park

Date of Burial, March 21st

Undertaker, D. W. Roper

Place of Business, 12 E. Balto St

Address, 137 N. Gilmor

W. H. Yeale M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38555

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Smith

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* 15 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} # 133 E. Baltimore

Cause of Death { First, (Primary,) Scarlatina
Second, (Immediate,) ———

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cem.

Date of Burial, March 21st 1880

A S Arnold M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address,* ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs John Meyers

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* ____ *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 275 Chapel St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 275 Chapel St

Cause of Death, { First, (Primary,) Died immediately after birth. Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Methodist Episcopal Cemetery

Date of Burial, March 22

Undertaker, John Hancock

Place of Business, 382 Eutaw St

L. M. White, M. D.
Medical Attendant.

Address, 241 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17 - 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grand Wright

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5-9 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} 32 Parish al

Cause of Death, First (Primary,) Slight chills when came to dispensary 2-26-

Second (Immediate,) I thought from Cerebro Spinal

Duration of Last Sickness, about a month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, March 21st 1880

Undertaker, Wm. M. Dungan

Place of Business, No 62 East st

Wm B Turner M. D.

Medical Attendant.

Address (Howard Public Dispensary 25 Grand st

81 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the ... hereof.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38558

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Johnson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days.*

Color, ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} n N High n 110

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Trismus Nacentium

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Saint Cemetery

Date of Burial, March 21

Undertaker, A Wyman

Place of Business, 13 Saratoga

E C Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 38557

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38557

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1900 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1900.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sebastian Hermann

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ____ *Years,* ____ *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 396 S. Charles St.

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 396 S. Charles St.

Cause of Death, First, (Primary,) Striction from bad case of lip & cleft palate.

Second, (Immediate,) ____

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Mar. 24

Undertaker, ____

Place of Business, ____

H. Smith M. D.
Medical Attendant.

Address, 408 S. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38560

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Cottrell

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 1 *Years,* — *Months,* — *Days.*

Color, W

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 77 King to near Pine

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lamel Cem

Date of Burial, March 21st 1880

Undertaker, W. H. Bishop

Place of Business, 97 Fred Hillen

James A Steuart M. D.
Medical Attendant.

Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38561

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 20 1880 BALTIMORE

Date of Death, March 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Kaiser

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 2 *Years,* 9 *Months,* 6 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 36. S. Wolf st

Cause of Death, First, (Primary.) Meningitis (Tubercular)

Second, (Immediate,) (Paralysis)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Athanasius Cimetery

Date of Burial, March 22th 1880

Undertaker, H. M. Gilmeyer

Place of Business, 241 Canton Ave

Thomas P. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible].

Board of Health, City of Baltimore,

Permit No. 38562

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 21 1880 BALTIMORE

Date of Death, Friday March 19 — 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Hurst

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 158 Lubeng St.

Cause of Death { First, (Primary,) D
Second, (Immediate,) Pneumonia

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sunday March 21st

{ *Undertaker,* G. H. Perkins & Co
{ *Place of Business,* No 32 Henrietta

D. Dimmitt Horne M. D.
Medical Attendant.

Address, 537 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38563

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 12 1880 BALTIMORE

Date of Death, March 12 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Jeffreys

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male.

Age, 29 *Years,* ——— *Months,* ——— *Days.*

Color, Black.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married.

Occupation, Oyster Shucker.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number} 9 Dover St

Cause of Death { First, (Primary,) Pulmonary Phthisis / Second, (Immediate,) Asthenia.

Duration of last Sickness, Six years.

All the above information should be furnished by the Physician.

Place of Burial, Laurel sins

Date of Burial, 21 march

Undertaker, H. ross

Place of Business, 98 conway st

Robert Bond M. D.
Medical Attendant.

Address, Balto Infirmary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38564

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 21 1880 BALTIMORE

Date of Death, March 19th 6.30 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Brink

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 67 Years, 4 Months, 4 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, XXX

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 41 Years

Place of Death, {Give street and number} 50 1/2 E. Pratt Street

Cause of Death, First, (Primary.) Cerebral Haemorrhage

Second, (Immediate.)

Duration of last Sickness, Since Saturday March 13th

All the above information should be furnished by the Physician.

Place of Burial, Ft. Mcheny

Date of Burial, March 23rd

Undertaker, Jno. Frances

Place of Business, 280 Eastern Ave

James C. Smith M. D.
Medical Attendant.

Address, 199 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 10060

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38565

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 21 1880 BALTIMORE

Date of Death, March 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennette Boone

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* ____ *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 12 Temple st

Cause of Death, First, (Primary,) Pertussis &c.

Second, (Immediate,) ____

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Asbury & Cemetery

Date of Burial, Mar 21 A. 1880

Undertaker, Thos J Locke

Place of Business, 23 Jefferson st

D W Cathell M. D.
Medical Attendant.

Address, 2 N Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38566 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L Wilson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sup: B & O Rail Road

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} New York city

Duration of Residence in the City of Baltimore, about 20 yrs

Place of Death, {Give street and number.} Carrollton Hotel

Cause of Death, First (Primary,) Cancer - Glands of neck & Bronchocele

Second (Immediate,) (Sudden) pneumonial hemorrhage

Duration of Last Sickness, Ten weeks.

All the above information should be furnished by the Physician.

Place of Burial, Auburn New York.

Date of Burial,

Undertaker, Henry W Deutrick & Son

Place of Business, # 16 Light St.

Rufus Beckler M. D.
Medical Attendant.

Address 135 E Chase.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Francis 1709

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38567

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A. Gault

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 39 *Years,* 11 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number } 57 S. Eutaw St

Cause of Death, { First, (Primary,) Epilepsy

Second, (Immediate,) Coma

Duration of last Sickness, 24 hrs

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, March 22nd 1880

W. F. Gatley *M. D.*
Medical Attendant.

{ *Undertaker,* Denny & Mitchell
{ *Place of Business,* 65 S. Broadway *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38568

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 22 1880 BALTIMORE

Date of Death, 21 March 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Lane Kone

Sex, Male or Female, {cross out the word not required in this line.} male

Age, — *Years,* 4 *Months,* ..... *Days.*

Color, wht

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 55 Union St

Cause of Death First, (Primary,) marasmus.

Second, (Immediate,)

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Hampden Bal Co

Date of Burial, March 22nd 1880

Undertaker, Chas T Devine

Place of Business, 271 W Eutaw

G Lane Tanyhill M. D.
Medical Attendant.

Address, 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38569

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 22 1880 BALTIMORE

Date of Death, March 20 - 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Charles Sorge

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 73 *Years,* 2 *Months,* 4 *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.} Widower

Occupation, Baker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years (about)

Place of Death, {Give street and number} 411 McHenry St

Cause of Death, First, (Primary.) Senility

Second, (Immediate,) Fatty degen. of heart - ne

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, March 21st

Dr. C. C. McDOWELL, Cor W. Fayette St.

C. C. McDowell M. D.
Medical Attendant.

Undertaker, H. Frechlich

Place of Business, 246 Eastern Ave *Address,* 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38570

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno: W Boyd

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 12 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 331 Light St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, March 22 1880

Wm. Ellis Jones M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 203 Light St *Address,* 121 W. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38571

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38571

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 17 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis D. Zumstein

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 30 *Years,* 7 *Months,* 9 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Music Teacher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick City Md.

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} 215 Saratoga St.

Cause of Death, First, (Primary,) Cerebral injury received 25 years

Second, (Immediate,) effusion from old trouble (Apoplexy.)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Frederick City via B. & O. R.R

Date of Burial, March 21 1880

W. F. Kemp M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

Address, 55 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38874.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st. 8. A.M. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emil Becker

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 184 N Dallas

Cause of Death, First, (Primary,) Eclampsia

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 22d 1880

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

Jas E Donnelly M. D.
Medical Attendant.

Address, 99 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene Reaun Mumford

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 10 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Michigan

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give street and number} Miller Hotel Paca & Germain sts

Cause of Death {First, (Primary.) Diphtheria

{Second, (Immediate.) do exhaustion.

Duration of last Sickness, Four days

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 22d

E. W. Hammond M. D.
Medical Attendant.

Undertaker, H. C. Warfield

Place of Business, 90 Greenmount *Address,* 64 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38574.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna G. Horton

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age ..... *Years,* 7 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 313 Hanford av.

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) 3 weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cem.

Date of Burial, March 22nd 1880

J. W. Hook M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address,* 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 38575

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charity J Hunt

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Home of the Aged M. E. Church

Cause of Death, First, (Primary,) Chronic Bronchitis

Second, (Immediate,) Congestion of the Lungs

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 22d 1880

John Neff *M. D.*
Medical Attendant.

Undertaker, John Strachan

Place of Business, Park & Fayette Sts *Address,* 558 N Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 23 1880 BALTIMORE

Date of Death, March 21 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Phillipsen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 14 *Months,* 11 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto city Md

Duration of Residence in the City of Baltimore, 14 March 14 Days

Place of Death, {Give street and number.} # 65 Gough St

Cause of Death, First (Primary,) Pneumonia Typhoid

Second (Immediate,) Convulsions

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cem

Date of Burial, March 23 1880

C. K. Rawson M. D.
Medical Attendant.

Undertaker, Chas Elsaw

Place of Business, 101 Gough St Address # 349 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 22 1880 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Cooper

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Thirty Four *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Twelve Years

Place of Death, {Give street and number} No. 5 Forrest St

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Heart Disease

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 22nd 1880

Undertaker, Wm. N. Dunigan

Place of Business, No 62 East St

Wm H. Cleudinen, M. D.
Medical Attendant.

Address, No 102 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 18-1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Hannan

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 82 *Years,* — *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Oyster Shucker

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} St Mary Millmans St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, March 21. 1880

Undertaker, Charles H. White

Place of Business, 35 Hanover st

G. F. Laughlin M. D.
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 38579

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20 1880

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgiana Hoffman

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} 509 Saratoga st

Cause of Death, First, (Primary,) Pneumonia, double,

Second, (Immediate,)

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, R. Hill Cemetery

Date of Burial, March 23rd 1880

Undertaker, P. Kinnicutt

Place of Business, 371 Mulberry St

John Pennington, M. D.
Medical Attendant.

Address, 98 N Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the [illegible] of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38580

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20th 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gertrude Smith,

~~*Male, Female,*~~ { cross out the word not required in this line. }

Age, Two *Years,* Seven *Months,* *Days.*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, None.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City, Md.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, { Give street and number } 299 Back st.

Cause of Death, First, (Primary,) Cold.

Second, (Immediate,) Cynanche Trachealis (croup)

Duration of last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 23rd, 1880

Undertaker, Denny & Mitchell

Place of Business, 665 Broadway

Nicholas L Bashill, M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38581

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20 March 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gerard Schultz

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 66 *Years,* 9 *Months,* ____ *Days.*

Color, ____

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the word not required in this line. } ____

Occupation, Boot Keeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give street and number. } Corr of Ridgley St

Cause of Death, First, (Primary,) Necrosis of Laryngeal Cartilages

Second, (Immediate,) Abscess, exhaustion.

Duration of last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Park Cemetery

Date of Burial, March 23rd 1880 Chas. Schultz M. D.

Medical Attendant.

Undertaker, N Mark

Place of Business, 411 Lexington

Address, 82 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38582

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21. 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie D. Crosby

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 41 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England 9 yrs.

Duration of Residence in the City of Baltimore, fifty yrs.

Place of Death, {Give street and number} 533 E. Hayfield st.

Cause of Death {First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, one month

All the above information should be furnished by the Physician.

~~Place of Burial,~~ Baltimore Cem.

Date of Burial, March 23rd

Undertaker, Henry Sander

Place of Business, 252 Canton Ave

G. G. Lusk M. D.
Medical Attendant.

Address, 12 Balt. & Frank. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38383

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Mary Sheehan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, about 35 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 274 N. Bond St

Cause of Death, {First (Primary,) Pulmonary Tuberculosis / Second (Immediate,)}

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 22nd 1880

Undertaker, James P Byrne

Place of Business, No 63 S Front St

Geo. W. Lavell M. D.
Medical Attendant.

Address 106 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38584

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry C. Lumpkin

Sex, Male or ~~Female~~, {cross out the word not required in this line.} male

Age, 27 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} ____

Occupation, Plaster

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 498 E. Monument st

Cause of Death, First, (Primary.) ____ Second, (Immediate,) Consumption

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 23 1880

Undertaker, Danny & Mitchell

Place of Business, Broadway *Address,* 137 Orleans St

D. D. Griffin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38585

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} M. Anst Schmidt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* 9 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kreuznach Prussia

Duration of Residence in the City of Baltimore, Thirty Six Years

Place of Death, {Give street and number.} 92 N. Eutaw st, Baltimore

Cause of Death, First (Primary,) Do not Know, Nurse only attended him Eleven days

Second (Immediate,) Tuberculosis of bowels with Chronic Diarrhea

Duration of Last Sickness, One and a half Months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount W. R. McNemar M. D.

Medical Attendant.

Date of Burial, Mar 23

Undertaker, C H Blizzard

Place of Business, 201 Ben. av *Address* 71 Franklin st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John D Rose

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Male

Age, 70 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Farmer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chester Co Penn

Duration of Residence in the City of Baltimore, Two days

Place of Death, {Give street and number.} 162 N. Arlington ave

Cause of Death, First (Primary,) Exposure & Fatigue

Second (Immediate,) Heart disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Upper Chester Co Penn

Date of Burial, March 23 1880

John H. Slemons M. D.
Medical Attendant.

Undertaker, John H. Weaver & Co

Place of Business, [redacted]yette St *Address* 93 Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1710

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3858

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, James P Stockett March 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James P. Stockett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All Life

Place of Death, {Give street and number.} Cor Fulton & Fulkerson Sts

Cause of Death, First (Primary,) Phthisis Laryng.

Second (Immediate,) Congestion of Lungs,

Duration of Last Sickness, Several months.

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, March 23rd 1880

Undertaker, Jos. Black

Place of Business, No 707 W. Baltimore Street *Address* 234 W Fayette St.

J. R. Uhler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the [illegible] Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 98588

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 22 1880 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James J Floyd

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* Hour *Months,* ____ *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} 346 Montgomery St

Cause of Death, First, (Primary.) Sudden Change of Temperature

Second, (Immediate.) Pneumonia

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Shaaph St Cemetery

Date of Burial, March 23

Undertaker, Hercules Doss

Place of Business, 95 Conway St

L. L. Dyer M. D.
Medical Attendant.

Address, 146 Hill St.

L. D. DYER

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Ranier

Sex, Male or Female, {cross out the word not required in this line.} Male.

Age, 63 *Years,* ____ *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and number} 60 Thames St.

Cause of Death, First, (Primary,) Stricture of Oesophagus

Second, (Immediate,) Asthenia

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Shaw St. Cemetery

Date of Burial, March 23

Undertaker, Hercules Ross

Place of Business, 95 Conway St

W. H. Booze M. D.
Medical Attendant.

Address, 206 Shaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Connor

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, *Years,* 11 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 146 E Eager

Cause of Death First, (Primary.) Diphtheria

Second, (Immediate.) Diphtheritic croup.

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 31st 1880

Undertaker, Hoz W. Mears

Place of Business, 45 N. Gay St

F. E. Chatard Jr. M. D.
Medical Attendant.

Address, 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matthew J. Doyle

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 16 *Years,* *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Errand Boy

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Morrisania N.Y.

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number} 216 East Pratt Street

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem.

Date of Burial, March 23rd 1880

W. H. Ward M.D.
Medical Attendant.

Undertaker, Mr. Frank

Place of Business, 250 Canton Ave

Address, 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38592

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

THE REGISTRAR
MAR 22
1880
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Elizabeth Garrett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 months *Years,* 2 weeks *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 191 Lemon alley.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 191 Lemon alley.

Cause of Death, First (Primary,) Tuberculer Meningitis

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street Cem. Geo. L. Brewer M. D.

Date of Burial, March 22 1880 Medical Attendant.

Undertaker, Theodore J. Looke

Place of Business, 73 Jefferson st *Address* 258 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3 0 9 3

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38593

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Stinest

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 1 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 424 Caston Ave

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,)

Duration of last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Net Paulus Cemetery

Date of Burial, March 23th 1880

Undertaker, C. Eckhard

Place of Business, 269 Caston Ave *Address,* 68 S. Broadway

James E. Kane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below and to the Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38594

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22? 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Strong (twin)

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* ½ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 122 N. Durham St

Cause of Death, First, (Primary,)

Second, (Immediate,) Inanition

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cem'y

Date of Burial, March 23d 1880

Undertaker, Geo T. Jones

Place of Business, ———

M. D.

~~Medical Attendant.~~

Address, Comm'o of Health H Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by — J. P. Smith

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38695

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 20 " 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Strong (Coon)

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~.....~~ *Years,* ~~.....~~ *Months,* 1/2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 122 N. Durham St

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Inanition

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemy

Date of Burial, March 22 " 1880

Undertaker, Geo T. Jones

Place of Business,

James A Steuart M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by J. P. Smith

[OVER.]

The special attention of Physicians is respectfully invited to the subject matter contained in this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March, 22. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Austin,

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White,

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, ~~Housewife~~ Blacksmith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md. Since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 125 S. Wolfe St.

Cause of Death {First, (Primary,) Cerebral Hemorrhage, Second, (Immediate,) Paralysis

Duration of last Sickness, 4 Four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Mar 24/80

Undertaker, Fry & Bro

Place of Business, 4th Broadway

H. Glanville Kirk M. D.
Medical Attendant.

Address, Balt. & Wash. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...OULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38597

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1880 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Kirby

Sex, Male or Female, {cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt County

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number} 347 Franklin St

Cause of Death, First, (Primary,) old age

Second, (Immediate,) exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 23, 1880

Undertaker, J. B. Blackiston & Son

Place of Business, 606 Balt St

L. J. Knight M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 23 1880 BALTIMORE

Date of Death, March 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara White

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 7 *Years,* ..... *Months,* ..... *Days,*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 16 N Dawson Alley

Cause of Death { First, (Primary,) ..... Phthisis Pulmonalis
Second, (Immediate,) ..... (1) 9 Months

Duration of last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Wright St Cemetery

Date of Burial, March 22 80

Undertaker, D. W. Chase

Place of Business, 98 S Howard St

Jno. F. Blake M. D.
Medical Attendant.

Address, 12 S Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 38599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Slaulen

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 185 Henrietta st.

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 23 80

Undertaker, S W Chase

Place of Business, 198 S Howard st

R M. Hall M. D.
Medical Attendant.

Address, 262 S Sharper st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible] Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38600

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 21 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Pinkey Bailey

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ——— *Years,* 9 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State of country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 108 Raborg St.

Cause of Death, First, (Primary,) Inflammation of Meningitis

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 23 1880

Undertaker, S W Chase

Place of Business, 188 S Howard st

D G Keller M. D.
Medical Attendant.

Address, 89 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3860 /

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~March~~ March 22d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph F Robert

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* 3 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 65 N Stricker St.

Cause of Death { First, (Primary,) Dentition
Second, (Immediate,) "

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 24th 1880

Undertaker, R. N. Hall

Place of Business,

John L Pennington M. D.
Medical Attendant.

Address, 98 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE. MAR 23 1880

CERTIFICATE OF DEATH.

Date of Death, March 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Chase

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... Years, 3 Months, ... Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No 3 Hopkins St Alleys

Cause of Death, First, (Primary,) Life time

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 23, 1880

Undertaker, C A White

Place of Business, 35 Granby St

E H Hall M. D.
Medical Attendant.

Address, 157 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38603

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Dew.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* 5 *Months,* 12 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Pattern-Maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England.

Duration of Residence in the City of Baltimore, about 26 Years

Place of Death, {Give street and number.} 19 S. Gilmor St.

Cause of Death, First (Primary,) Cancer of the Stomach,

Second (Immediate,)

Duration of Last Sickness, About 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet County

Date of Burial, March 24th 1880

Undertaker, D. H. Sharrer

Place of Business, Park Fayette St,

J. P. White, M. D.
Medical Attendant.

Address 30 N. Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 88 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} West River Md.

Duration of Residence in the City of Baltimore, about 60 years

Place of Death, {Give street and number.} 305 Hamburg St,

Cause of Death, First (Primary,) Chronic Diarrhoea

Second (Immediate,)

Duration of Last Sickness, about 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 23d 1880

Undertaker, Mary Jane Paran

Place of Business, 112 Russell St

J. H. White M. D.
Medical Attendant.

Address Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 38605

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 23 1880 BALTIMORE

Date of Death, March 22nd 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victoria Pugh

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* 19 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 103 Dover St

Cause of Death First, (Primary,) Enteritis

Second, (Immediate,)

Duration of last Sickness, Eight or Nine days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 23

Undertaker, John H Owens

Place of Business, 225 S. Eutaw *Address,* 161 So. Edward St

Dr. Beck, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Natlie Blair

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, Twenty *Years,* Two *Months,* Seven *Days.*

Color, White

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Queen Annes Co Md

Duration of Residence in the City of Baltimore, Twelve Years

Place of Death, {Give street and number} East Mc Eldary St Extended

Cause of Death First, (Primary,)

Second, (Immediate,) Pulmonary Phthisis

Duration of last Sickness, Two Months & half

All the above information should be furnished by the Physician.

Place of Burial, Batti Cemetery

Date of Burial, March 24th 1880

Undertaker, Henry H. Mears

Place of Business, 46 N. Gay St

R M Morris M. D.
Medical Attendant.

Address, Orangeville Balto Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 38607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 22 March 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ____ *Years,* ____ *Months,* 11 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, 24

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Friendship

Duration of Residence in the ~~City of Baltimore~~, Institution 10 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Congenital Syphilis

Second, (Immediate,) Asthenia

Duration of last Sickness, when received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 24 1880

Undertaker, Jos Bramhall

Place of Business, 152 Division St

Marbury Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH MAY 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate,) Hydrocephaloid

Duration of last Sickness, from Birth

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, [redacted]

Mabury Brewer M. D.
Medical Attendant.

Undertaker, Jos Brannigan

Place of Business, 157 Division St. *Address,* 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Stozalacki

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 10 *Days.*

Color, White

~~Married, Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Alexander Street Balto city

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give street and number} Alexander St 258

Cause of Death {First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, March 23rd

Undertaker, Kendelin Diffel

Place of Business, S. Bond st. 157

A. J. Erich M. D.
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38610

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Amand

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ——— *Years,* ——— *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and number } No 118 S. Chapel st

Cause of Death { First, (Primary,) ——— Second, (Immediate,) Convulsions

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus' Gene.

Date of Burial, March 24th 80

L. A. Winternitz M. D.
Medical Attendant.

Undertaker, M. Keane

Place of Business, 280 Canton ave *Address,* 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Thompson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Brick-maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cambridge Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 9 Madison Alley

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 23rd 1880

Undertaker, G. A. Perkins Co

Place of Business, 130 Hanover St

Francis T. Lucas M. D.
Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Saml Williams

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* 7 *Months,* 23 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 954 S. Caroline St.

Cause of Death, First, (Primary,) Intestinal Inflammation

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Inwards B. ground

Date of Burial, March 24. 1880

R. D. Mansfield M. D.
Medical Attendant.

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 38613 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Caroline Loeffler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, Twelve (12) Years

Place of Death, {Give street and number.} N.E. Cor Fayette and Wolf Sts.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Asthenia

Duration of Last Sickness, Eight (8) Days

All the above information should be furnished by the Physician.

Place of Burial, Welch Cemetery

Date of Burial, March 23

Undertaker, John Hennig

Place of Business, 382 Columbus St

C. L. Wilkins M.D.,
Medical Attendant.

Address, 77 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Kneeling

Sex, Male or Female, {cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 229 E. Madison street

Cause of Death {First, (Primary,) Cancer of the lower part of the bowels

{Second, (Immediate,)

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 24th

Undertaker, Adam Fink

Place of Business, 461 N. Gay St.

John J. Litzer M. D.
Medical Attendant.

Address, 160 Saratoga street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 21st. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John molton

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 14 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 40 Cohen alley

Cause of Death {First, (Primary,) marasmus

{Second, (Immediate,) Exhaustion

Duration of last Sickness, Life

All the above information, should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Mar. 22/80

Undertaker, P. A. Kercher

Place of Business, 50 Hamilton Av *Address,* 64 N Paca

Robt W. Mifflin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 38616

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22d 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. H. Hamare.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male.

Age, 1 *Years,* 1 *Months,* 2 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 131 S. Exeter St.

Cause of Death, First (Primary,) Scarlatina.

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, March 23d 1880

Undertaker, Henry W. Mears

Place of Business, 25 N Gay St

Jno. F. Powell. M. D.
Medical Attendant.

Address 227 Camden Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38617

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward York

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, Three *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

~~*Occupation,*~~

~~*Birthplace,*~~ {State or country (and how long in the United States, if of foreign birth.}

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} No 8 Jenkins Alley

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Green~~ New Shaft, St. Mary's County. E. Ridgely Ball M. D.

Medical Attendant.

Date of Burial, March 23rd 1880

Undertaker, Wm. F. Bishop Jr.

Place of Business, 19 & 21 Druid Hill Ave. *Address* 142 Bolton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 38618

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22/80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Rudel

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 1 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ——

Occupation, ——

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, { Give street and number } Cor. Carolin & Bank

Cause of Death, First, (Primary.) Dentition

Second, (Immediate,) Convulsions

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenus.

Date of Burial, March 24.

Undertaker, Mr. Tuck.

Place of Business, Bank St. No 35.

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 22 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph D. Small

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* — *Days.*

Color, white *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 14 Jackson Square

Cause of Death, First (Primary,) Diptheritis

Second (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Newberry port Mass

Date of Burial, March 25th

Undertaker, Thos L Hughes *Address* Mc Bride & Scott

Place of Business, 40 & 42 Balto st

Jno Jennings *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1711

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Burn

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~ ~~ *Years,* 5 *Months,* 2 3 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 8. Short alley

Cause of Death {First, (Primary,) Second, (Immediate,)} Pneumonia

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, May 24th 1880

Undertaker, Chas A. White

Place of Business, Granby St

Thos H Hume M. D.
Medical Examiner.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jas P. Smith

Board of Health, City of Baltimore,

Permit No. 38621

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Elinor Hilliard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, about 50 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Falmouth Virginia

Duration of Residence in the City of Baltimore, about 25 years.

Place of Death, {Give street and number.} 622 West Balto St

Cause of Death, First (Primary,) Obstruction of the bowels

Second (Immediate,)

Duration of Last Sickness, 11 days (11)

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cem. J. Wm. Wells M. D.

Medical Attendant.

Date of Burial, March 24' 1880

Undertaker, J. B. Cook

Place of Business, # 707 W. Balto St. *Address* 18 So Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38622

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Wm. Henry Stapf

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 8 mo (?) *Years,* 8 mo (?) *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 189 N Carlin's St

Cause of Death, First, (Primary,) Chronic Pneumonia

Second, (Immediate,) Exhaustion & Marasmus

Duration of last Sickness, Twenty three (23) weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 25th

Undertaker, Geo Schilling

Place of Business, Ashland Square

J McShane M. D.
Medical Attendant.

Address, 189 N Carlin's St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38623

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 24 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~26~~ March 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Hochspringer

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.} Female

Age, 103 *Years,* ——— *Months,* ——— ~~Days~~.

Color, White

~~Married~~ *Single,* *Widow* ~~Widower~~, {Cross out the word not required in this line.} Widow

~~Coroner's~~ ———,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and number} No 17 Jackson Place

Cause of Death, First, (Primary.) (Old Age)

Second, (Immediate.)

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, ~~Lloyd St~~ Hebrew Cemetery

Date of Burial, March 24th 1880

Thomas J. Evans, M. D.
Medical Attendant.

Undertaker, ~~Geo~~ Evans

Place of Business, 101 Gough St. *Address,* 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Call special attention of Physicians is respectfully invited to the Reports below, and to Rules of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1890 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 23/89

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Kline

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 165 E. Register St.

Cause of Death, First, (Primary,) Cachectical fever

Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 24th

Undertaker, Wm H Loudon

Place of Business, 232 Aisquith Ave

R W Manfield M. D.
Medical Attendant.

Address, 1120 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 38625

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday March 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Mason Jamison

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* 5 *Months,* 22 *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cadl - Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Dancing life - crapi College life

Place of Death, {Give street and number.} 56 Saratoga Street

Cause of Death, First (Primary,) Cirhosis of Liver

Second (Immediate,) Hydro - peritonæum

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount City.

Date of Burial, March 24th 1880

Peter Donald M. D.
Medical Attendant.

Undertaker, A. W. Jenkins & Son

Place of Business, 16 Light st. *Address* 89 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38626

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1880

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia V Charles Noel Cook

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* A Moment ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 122 S. Charles St

Cause of Death { First, (Primary,) ——— Second, (Immediate,) Protracted Labour

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, March 24th 1880

Jno D Blake M. D.
Medical Attendant.

Undertaker, John S. Mackie

Place of Business, ——— *Address,* 133 Scott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it farther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 38627

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Conrad Hofmeister

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 52 *Years,* 1 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Shoemaker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, { Give street and number } 216 E Pond St.

Cause of Death { First, (Primary,) Dysentery

Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 25

Undertaker, Venable Bros & C

Place of Business, Bond & Sarl

Edward F. Gould M. D.
Medical Attendant.

Address, 154

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38628

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Harrison Cummings

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~10 M~~ *Years,* 10 months *Months,* 3 *Days.*

Color, Dark Brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 39 Indiana Ave

Cause of Death { First, (Primary,) Pneumonia / Second, (Immediate,) Asthenia

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 25 1880

Undertaker, J W Chase

Place of Business, 98 Howard St

John Dickson M. D.
Medical Attendant.

Address, 26 Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38629

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE

Date of Death, Mch 23. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Amelia Watkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* 3 *Months,* *Days.*

Color, Col *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 125 Vine St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, about 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar. 25, 80

Undertaker, S. W. Chase

Place of Business, 188 S Howard st

I. R. Page M. D.
Medical Attendant.

Address 226 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

Permit No. 38630

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch 23. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Hawkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* 11 *Days.*

Color, c *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 125 Vine.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 125 Vine St.

Cause of Death, First (Primary,) Marasmus.

Second (Immediate,) Ignanition.

Duration of Last Sickness, Lifetime.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Mar 25, 1880

Undertaker, S. W. Chase

Place of Business 198 S Howard St Address 220 Linden Ave

J. R. Page M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3863/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dominick Miller

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color,

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Wittenberg (Germanie)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Cor. John and Paca Sts

Cause of Death { First, (Primary,) Heart Disease
Second, (Immediate,) A few minutes

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 24th 1880

Jno. Brooke Boyle M. D.
Medical Attendant.

Undertaker, Andrew Leib

Place of Business, 118 Druid Hill Ave *Address,* Hole E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anne Gourley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* a few Minutes *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 73 Br[r] Catch Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 73 Br[r] Catch Baltimore Md

Cause of Death, First (Primary,) ____

Second (Immediate,) died at birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Cy.

Date of Burial, Mch 24/80

J. Thirles *M. D.*
Medical Attendant.

Undertaker, Enoch & Moore

Place of Business, 35 Pearl Av. *Address* 24 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38633

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23d March 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dr. A. Gunion

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 42 *Years,* 8 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Gauger of Lyons

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number} 184 George St.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Cirrhosis of Liver

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 25th 80

N. W. Luttell M. D.
Medical Attendant.

Undertaker, H. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 425 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 38634

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Grace Kilpatrick

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 290 Franklin St

Cause of Death, {First (Primary,) ..... Second (Immediate,)} Diphtheritic Croup 3 days.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, March 25 1880

Undertaker, Andrews & Hodges

Place of Business, No 476 Druid Hill Ave

J. W. C. Cuddy, M. D.
Medical Attendant.

Address 363 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38635

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 24 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Wormuth

Sex, Male or Female, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} W

Occupation, NV

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number} 31 Burn st

Cause of Death First, (Primary,)

Second, (Immediate,) Cancer uteri

Duration of last Sickness, two yrs

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, Mar[c] 26[th]

Undertaker, D. Wiegand

Place of Business, 166 Druid Hill Ave

C. H. Patton M. D.
Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 38636

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Miller

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Five (5) *Years,* Nine (9) *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States. If of foreign birth.} Penna

Duration of Residence in the City of Baltimore, Three (3) years

Place of Death, {Give street and number} No S. Wallers St.

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Dipthertis

Duration of last Sickness, Five (5) Days

All the above information should be furnished by the Physician.

Place of Burial, 5 Revere St Potts Cemetery

Date of Burial, March 26th

Undertaker, John Herring

Place of Business, 382 Orleans St

S W Sloan M. D.
Medical Attendant.

Address, 60 E Eutaw St Carlton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Permit No. 38637

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 25 1880 BALTIMORE

Date of Death, March 23 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Mason

~~Sex, Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 52 Josephine st

Cause of Death, First (Primary,) Second (Immediate,) Acute Bright's Disease

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 24 1880 Frank M Gamon M. D.
Medical Attendant.

Undertaker, John Howers

Place of Business, 225 E Eutaw St *Address* 187 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 38638

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 23d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis McCormicle

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 21 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} No 127 N. Exeter st

Cause of Death { First, (Primary,) ——
Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, S.T. Peter's Cemetery

Date of Burial, March 26 1880

Undertaker, Jas. C. Byrne

Place of Business, 63 N. Front *Address,* 137 N Exeter

A. P. Yeatis *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38639

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Duffy

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ... *Years,* 5 *Months,* 25 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto, city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 127 Aberdeen

Cause of Death { First, (Primary,) Pneumonia
, { Second, (Immediate,)

Duration of last Sickness, 1 week

All the above Information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, March 25th 1880

{ *Undertaker,* James O Byrne

{ *Place of Business,* No 63 n Paca St

L. S. Dauer M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 386740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HALTIMORE HEALTH DEPT. MAR 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Norburn Thomas

Sex, Male or Female, {cross out the word not required in this line.}

Age, 55 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Leather Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 37

Place of Death, {Give street and number} 196 N Gay St

Cause of Death, First, (Primary,) Cardiac Disease, Valvular

Second, (Immediate,) Dropsy.

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, March 25th 1880

Undertaker, Wm H. Hickman

Place of Business, 234 N. Gay St.

S T Knight M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38641

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Worley

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 76 *Years,* 10 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and number} 109 Patterson Ave

Cause of Death { First, (Primary,) Phthisis Pulmonalis & Heart Disease
Second, (Immediate,) Heart Disease

Duration of last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, Mar 25th

{ *Undertaker,* G H Blizzard
Place of Business, 197 Penna ave

J H Christian M. D.
Medical Attendant.

Address, 431 Penna. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38644

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Brown

Sex, Male or Female, {cross out the word not required in this line.}

Age, 9 *Years,* — *Months,* — *Days.*

Color, Black "

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 64. N. Durham 2

Cause of Death, First, (Primary,) —

Second, (Immediate,) Pneumonia

Duration of last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetry

Date of Burial, March 25th 1880

Undertaker, Wm N. Dunyea

Place of Business, No 62 East St

D D Groff M. D.
Medical Attendant.

Address, 137 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. D. GUILFORD & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38643

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } — Williams

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, ____ Years, Twenty eleven Months 8 Days.

Color, Colored

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 443 Saratoga St

Cause of Death, First, (Primary.)

Second, (Immediate.) Exanition

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, March 25-th 1880

Chas W. Nevitt M. D.
Medical Attendant.

Undertaker, Wm N Dunza

Place of Business, No 62 East St

Address, 306 N. Gayetty St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38644

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 25 1880 BALTIMORE

Date of Death, Sunday March 24th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Taylor

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 3 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No. 8 Carlton St.

Cause of Death { First, (Primary,) Premature Birth

{ Second, (Immediate,) Inanition

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 25th 1880

Undertaker, Wm. H. Dunger

Place of Business, No 62 East St

L. Winnett Harris M. D.
Medical Attendant.

Address, 552 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OVER

Board of Health, City of Baltimore,

Permit No. 38645

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 25 1890 BALTIMORE

Date of Death, March 23 1890.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Parker

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~Years,~~ Six Months, ~~Days.~~

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 40 Carlton St. near Edmondson Ave

Cause of Death { First, (Primary,) Marasmus.
, { Second, (Immediate,) Atrophia

Duration of last Sickness, About 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Upton Dist Bal Co

Date of Burial, 25-4 March 1890

Undertaker, ~~Wm. N. Dunger~~

Place of Business, ~~No 62 East St~~

John J. King M. D.
Medical Attendant.

Address, 76 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisa Deitz

Sex, Male or Female, {cross out the word not required in this line.}

Age, 81 *Years,* ..... *Months,* 2 *Days.*

Color, W

Married, Single, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, No

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, {Give street and number} 357 N. Bond St

Cause of Death {First, (Primary,) ..... Second, (Immediate,) Pneumonia

Duration of last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 26th 1880

Undertaker, George Schilling

Place of Business, Ashland & Lynn

T. O. Patterson M. D.
Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Physicians are respectfully invited to the REMARKS below, and to LIST of DISEASES on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

MAR 25 1880 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Alice

Sex, Male or Female, {cross out the word not required in this line.} Fem

Age, 1 Years, 10 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nursing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 81 Calvert St.

Cause of Death, First, (Primary.) Bronchitis

Second, (Immediate.) Asthenia

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mergers Cemetery

Date of Burial, March 25th

Undertaker, Geo Peck

Place of Business, 12 Lawrence St.

A. C. Stein M. D.
Medical Attendant.

Address, 10 E. Eden St.

Extract from Regulations of the Board of Health to secure a Full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 38648

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore March 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie Daisy Gilley

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 7 *Months,* 23 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 305 Forrest St

Cause of Death, First, (Primary,) "Tuberculosis"

Second, (Immediate,)

Duration of last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 25th

Wilmer Bonlow, M. D.
Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave Address, 251 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38649

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Kane

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 26 *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, 26 years & 10 Months

Place of Death, { Give street and number } 29 Butlers al

Cause of Death { First, (Primary,) Pistol ball" / Second, (Immediate,) in the Brain, Killed

Duration of last Sickness, 5 Minutes

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 25 '80

Undertaker, Armstrong & Denny

Place of Business, #262 Light St.

R. C. Lee M. D.

~~Medical Attendant.~~ Coroners D.

Address, Hanover & Baltimore Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38650

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Ulman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 yrs.

Place of Death, {Give street and number.} 104 Low St.

Cause of Death, First (Primary,) Valvular disease of Heart

Second (Immediate,)

Duration of Last Sickness, 2 Yrs.

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew

Date of Burial, March 26th 1880

Undertaker, Wm Eland

Place of Business, 101 Gough St

W. Riley M. D.

Medical Attendant.

Address 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38651

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25th 1880

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta I. Bishop

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 9 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 31 S. Castle st

Cause of Death First, (Primary,) malnutrition (artificial

Second, (Immediate,) Chol. Infantum

Duration of last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 26 1880

Undertaker, Wendel Dispel

Place of Business, S. Caroline St

Thos A Claus M. D.

Attending

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by — Geo E. Taylor

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38652

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 [illegible]

CERTIFICATE OF DEATH.

Date of Death, March 25 th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Rebecca McCutheyd

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 24 Years, 0 Months, 24 Days.

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} 105 Cross st.

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,) Nine Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, March 27 1880

{ Undertaker, Armstrong & Denn
{ Place of Business, 263 Light St

Thos E Smith M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 38653

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 26 1880 BALTIMORE

Date of Death, March 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Gold

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 13. *Years,* 11 *Months,* 16 *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 146 N. Exeter St

Cause of Death, {First (Primary,) Tuberculosis pulmonum

{Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Mar Sinia Cemetery

Date of Burial, March 26th

{*Undertaker,* W Eilau

{*Place of Business,* Gough Near Broadway

A. Aronstein M.D.
Medical Attendant.

Address 254 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 28654

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andrew Shank

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 23 *Years,* 8 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Can Maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Butler Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } Cor Curley & Oldonnell Sts.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) About six months

Duration of last Sickness, About six months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch

Date of Burial, March 26th '80

Undertaker, Jno. France

Place of Business, 220 Eastern Ave

E. Jno. Williams M. D.
Medical Attendant.

Address, 17 Valentine St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(over)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38655

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W Hunt

Sex, Male or Female, {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Conductor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt C

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 24 E Eager Street (8 ward)

Cause of Death First, (Primary.) Accidental Run over by N C R R car

Second, (Immediate.) Injury to Arm & Leg

Duration of last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 28 March 2 Oclock

Undertaker, George C Rodenmayer

Place of Business, 38 Eager Street

Edmund Kerr alber M. D.
Medical Attendant.

Address, Coroner M P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 38656

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah Peters

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* female

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore all her life

Duration of Residence in the City of Baltimore, 266 N. Calhoun St

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) General Debility

Second (Immediate,) Congestion of Brain from shock

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 28

R. M. Goldsmith - M. D.
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, 201 [illegible] av

Address S. E. corner Harlem Ave. and Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Grill

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Four (4) *Years,* One (1) *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long if the United States, if of foreign birth.} Balto City Since birth

Duration of Residence in the City of Baltimore, No. E. Chas & St

Place of Death, {Give street and number}

Cause of Death, First, (Primary) Interstitial Pneumonitis

Second, (Immediate,) Marasmus

Duration of last Sickness, 18 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Abbs

Date of Burial, March 27 1880

Undertaker, Henry Hoeck

Place of Business, 36 E. Centre St

J. W. Sellman M. D.
Medical Attendant.

Address, S.E. Cor Eager & Lexington Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 26 1880 BALTIMORE

Date of Death, March 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Kayser

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 33 Orleans St.

Cause of Death, First, (Primary,) Acute Catarrhal Pneumonia

Second, (Immediate,) Asphyxia

Duration of last Sickness, Six (6) days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ct

Date of Burial, March 27 1880

Undertaker, Henry Hoch

Place of Business, 304 N. Central Ave *Address,* 304 N. Central Ave

S. N. Solum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cole

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 87 *Years,* ... *Months,* ... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Queen Ann County Md.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} No 6 Chestnut st

Cause of Death First, (Primary.) Old age (Insurance)

Second, (Immediate.) ...

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery L O Mumford M. D.

Date of Burial, March The 26th 1880 Medical Attendant.

Undertaker, William N Unger

Place of Business, 62 East St, *Address,* 12 S. Ellen st,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38660

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Bosley

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 29 Union st

Cause of Death, First (Primary,) ...

Second (Immediate,) ... Capillary Bronchitis

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mch 26. 1889

Undertaker, John C. Jones

Place of Business, 1263 Park ave

Frank W Gunn M. D.
Medical Attendant.

Address 187 Saratoga st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 3866/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 24th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Thomas Curtis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* 20 *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 97 Pine St.

Cause of Death, First (Primary,) Phthisis Pulmonum

Second (Immediate,)

Duration of Last Sickness, About 1 year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mch 26 1880

Undertaker, Wm C Jordan

Place of Business, No 63 Pratt

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38662

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lewis Waters

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 560 N Fayette

Cause of Death First, (Primary,) Bilious Remit. Fever.

Second, (Immediate,) Asthenia

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Mch 27-80

Undertaker, Dennis Mulliken

Place of Business, 550 N Fayette St

F. E. Shatzer Jr M. D.
Medical Attendant.

Address, 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Bitzell

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 37 *Years,* / *Months,* / *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Stonecutter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 116 Hamilton

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Phthisis

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 28th

Theodore Kolle M. D.
Medical Attendant.

Undertaker, H. Brice

Place of Business, Hamilton St 81 *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38664 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 26 1880 BALTIMORE

Date of Death, March 24 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Mason

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 287 Henrietta st.

Cause of Death { First, (Primary,) / Second, (Immediate,) } Puerperal Fever

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Mar 27 1880

Undertaker, S. W. Chase

Place of Business, 198 S. Howard st

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 38665

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1888 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm J. Le. Matthews

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 191 Tyson St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, 4 Month.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Mar 27. 1888

Undertaker, S. W. Chase

Place of Business, 198 S Howard St *Address* 159 Park Ave.

J. L. Lindsay M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Hughes

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 9 1/2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 37½ Austin St

Cause of Death { First, (Primary,) Inanition
Second, (Immediate,) all its Life

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, March 27th 1880

James A Steuart M. D.

Undertaker, Julius Koehler

Place of Business, Sharp & Cros *Address,* Comm of Health & Registr

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Exam by Geo E. Brown

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Viola McMinster

~~*Sex, Male* or *Female*~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 434 E. Fayette St.

Cause of Death { First, (Primary,) Gastritis / Second, (Immediate,) Exhaustion

Duration of last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 27th 1880

Undertaker, Fry & Bro

Place of Business, Broadway

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Mul. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38668

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A. F. Redner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* 15 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 208 N. Fremont Street

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 208 N. Fremont St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asthenia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetry

Date of Burial, March 28th 1880.

Undertaker, Jno. Reidemeyer

Place of Business, 518 N. Baltimore *Address* 47 Edmondson ave

G. L. Gibbons M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 38669

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Roane

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 42 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give street and number} 26. Slemmers alley

Cause of Death {First, (Primary,) Second, (Immediate,)} Consumption

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemety

Date of Burial, Mch 25th 1880

Undertaker, Pat Mullin

Place of Business, P. Park ave

James H Steuart M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by — Lee E Taylor

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38679

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James S. Reed Jr.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 30 *Years,* 1 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Physician

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 138 N. Eden St.

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,) Dropsy, Pneumonia

Duration of last Sickness, About 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 28

Undertaker, Fry & Ley

Place of Business, 62 W Baltimore *Residence,* 1956 E Eden St.

W. C. [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Mrs~~ Louisa Carlin

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.} ~~Male~~ Female

Age, 50 *Years,* —— *Months,* —— *Days.*

Color, Col'd

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} Lynch House, Saratoga & Broadway

Cause of Death, First, (Primary.) Marasmus Senilis.

Second, (Immediate,) ——

Duration of last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 27, 1880

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

L. D. Glenn M. D.
Medical Attendant.

Address Lynch House Saratoga & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1880 HEALTH DEPT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26-80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Elizabeth Andrae

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* 11 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 2025 E Eutaw

Cause of Death, First, (Primary,) Laryngeal Diphtheria

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 28th

Undertaker, H Brice

Place of Business, Hanover St 81

D Sullivan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 38673

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th March, 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Alexander Stewart

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 59 *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, White *Sex,*

Married, ~~Single, Widow or~~ Widower, { Cross out the words not required in this line. }

Occupation, Merchant Tailor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland.

Duration of Residence in the City of Baltimore, Thirty Years.

Place of Death, { Give street and number. } 48 Preston St.

Cause of Death, { First (Primary,) Consumption / Second (Immediate,) }

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem Geo. J. Couse, M. D.

Date of Burial, March 28th 1880 Medical Attendant.

Undertaker, Chas. F. Seriven Richmond & Park Sts.

Place of Business, 271 N Eutaw st Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 38674

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAR 23 1880

CERTIFICATE OF DEATH.

Date of Death, March 23th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles L. Young.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 45 *Years,* ____ *Months,* ____ *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Bricklayer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 196 E. Baltimore St

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Catarrh of the Stomach.

Duration of last Sickness, Since January 21st 1880.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem

Date of Burial, March 23th 1880

Edward R Ward M. D.
Medical Attendant.

Undertaker, Chas. T. Semmes

Place of Business, 271 N. Eutaw St *Address,* 242 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38175 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 25 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L. Cramer

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bond St. City

Duration of Residence in the City of Baltimore, In Institution 3 weeks

Place of Death, {Give street and number} St. Vincents Infant Asylum

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,) Hydrocephaloid

Duration of last Sickness, from entrance

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cemetery

Date of Burial, March 27

Undertaker, Wendelin Dippel

Place of Business, Bond St. 151

Thomas J. Brennan M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. MILLANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 38676

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Wheat

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 79 *Years,* *Months,* *Days*

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Builder

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Md

Duration of Residence in the City of Baltimore, 50 yrs.

Place of Death, {Give street and number.} 333 N. Eden St.

Cause of Death, {First (Primary,) Bright's Disease

Second (Immediate,)

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, March 28 1880

Undertaker, Wm H Hickman

Place of Business, 234 N Gay St

H. T. Reynolds M.D.
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sibyl H. Cooper

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 3 yrs *Years,* & two ten *Months,* twelve *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Toledo Ohio

Duration of Residence in the City of Baltimore, Two weeks

Place of Death, {Give street and number} Carrollton Hotel

Cause of Death, First, (Primary,) Congestion of Brain

Second, (Immediate,)

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, March 28th 1880

Undertaker, Stewart & Mowen

Place of Business,

Thos Shearer M. D.
for A. Suges. M.D
Medical Attendant.

Address, 97 N. Chas St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch 27 — 80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob Ferguson

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 4 *Years,* *Months,* *Days.*

Color, Wht

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } B. City

Duration of Residence in the City of Baltimore, 4 Yrs

Place of Death, { Give street and number } 49 Warden ave.

Cause of Death { First, (Primary,) Scarlatina Maligna

Second, (Immediate,) Nervous Prostration

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, March 27th 1880

Undertaker, Armstrong

Place of Business, 263 Light

C. H. C. Ellis *M. D.*
Medical Attendant.

Address, 315 Light st.

Died 10 hours after 1st day sick

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 38679

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George C Hays

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* 5 *Months,* 12 *Days.*

Color, W *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Periodical Dealer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 142 N Eutaw

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Abdominal

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, March 28th 1880

Undertaker Andrews & Hodges

Place of Business No 486 Druid Hill Ave

Richd McSherry M. D.
Medical Attendant.

Address 189 W Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Clay Nichols

Sex, Male or Female, {cross out the word not required in this line.}

Age, 27 *Years,* 6 *Months,* 27 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 176 Harlem Av

Cause of Death, First, (Primary.) Heart Disease

Second, (Immediate,) Bronchitis

Duration of last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, March 27-80

Undertaker, Denny & Mitchell

Place of Business, 534 Fayette St

6 Winslow M. D.
Medical Attendant.

Address, 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38681

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Rowe Jr

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, Nine Yrs *Years,* One *Months,* Thirteen *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Conductor B & O R.R.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Co.

Duration of Residence in the City of Baltimore, 36 yrs

Place of Death, { Give street and number } 748 W Pratt St.

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 28-80

Geo A Leitheiser M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette St *Address,* 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26 " 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie V. Martin Lantz

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.} Parent

Age, ——— *Years,* ——— *Months,* 1 hour ~~*Days.*~~

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 132 Lancaster St

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Asthenia

Duration of last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 27 1880

Undertaker, John Bowen

Place of Business, 297 S. Durham St

James K. Stevens M. D.

Address, Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38683

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 27 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Englebeth

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Kid.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 6 Mos.

Place of Death, {Give street and number} 277 S. Dallas St.

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate,) Apnoea

Duration of last Sickness, 2 Dys.

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery

Date of Burial, Mar. 28th 1880.

David Shultz M. D.
Medical Attendant.

Undertaker, Leonard Vetter

Place of Business, S. Broadway

Address, 143 N. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

38884

Permit No. ~~38684~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 1880 BALTIMORE

Date of Death, March 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Elizabeth A. Hooper

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White *Sex,* Female.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore. Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Boundary St. near Maryland Ave

Cause of Death, First (Primary,) Dilatation of Heart with valvular disease, Mitral constriction; general dropsy, and pulmonary oedema
Second (Immediate,) asphyxia and asthma

Duration of Last Sickness, First seen by me in July 1879, and had been ill for months previously
All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 28th 1880

Undertaker, Wm. A. Sayer

Place of Business, No. 228 Madison Ave.

S. C. Chew M. D.
Medical Attendant.

Address 141 Lanvale St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 Years, ____ Months, ____ Days.

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, Seamstress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 29 yrs

Place of Death, {Give street and number} 31 Randall St.

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) Apnoea

Duration of last Sickness, 8 hours —

All the above information furnished by the Physician.

Place of Burial, London Park

Date of Burial, Mar 27 — R. B. Fishburne M. D.

Medical Attendant.

Undertaker, C. F. Krause

Place of Business, — Address, 564 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38686

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna A. Mehler

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ~~—~~ *Years,* Four (4) *Months,* ~~—~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~—~~

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 744 E Chase Street

Cause of Death, First, (Primary.) Acute Pneumonia

Second, (Immediate,) Asphyxia

Duration of last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus C.

Date of Burial, March 28 1886

Undertaker, Henry Hoede

Place of Business, 830 N. Central Ave.

Dr. Faulkner M. D.
Medical Attendant.

Dr. Taylor Faulkner
Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 38687

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BALTIMORE BOARD OF HEALTH MAR 27 1880 BALTIMORE

Date of Death, March 26 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Gaines

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 25 *Years,* 9 *Months,* 24 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 27 S. Calhoun St.

Cause of Death; First, (Primary,) Pulmonary Consumption

Second, (Immediate,) " "

Duration of last Sickness, 9 month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, March 29th 1880

Undertaker, Jos. B. Ewell

Place of Business, No 707 N. Baltimore Street

Thomas O'Sullivan M. D.
Medical Attendant.

Address, 68 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27 — 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert H. L. McAllister

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days.*

Color, Wht

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md. —

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, {Give street and number} 5 Covington st

Cause of Death First, (Primary,) Tuberculer Meningitis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial March 28, 1880

Undertaker, Thos S Hughes

Place of Business, 60 E Baltimore st

D. D. Ellis M. D.
Medical Attendant.

Address, 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Bureau of Births, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Askins

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 17 *Years,* ——— *Months,* ——— *Days.*

Color, w *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the words not required in this line. }

Occupation, Waiter and Waiter

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Port. City

Duration of Residence in the City of Baltimore, all the time

Place of Death, { Give street and number. } no. 9 Biddle St

Cause of Death, First (Primary,) Bronchitis neglected

Second (Immediate,) Consumption of Lungs

Duration of Last Sickness, ? 4d

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 28 1880

Undertaker, S W Chase

Place of Business, No 198 Howard st

A Richard M. D.
Medical Attendant.

Address No. 30 N Fremont st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 38690

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Hynson

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 20 *Years,* ——— *Months,* ——— *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, House Work

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Queen Anns Co. Md.

Duration of Residence in the City of Baltimore, 4 Years.

Place of Death, {Give street and number} 132. Raborg St

Cause of Death, First, (Primary,) Consumption of Lungs

Second, (Immediate,) " "

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 28 1880

Undertaker, D W Chase

Place of Business, No 178 Howard St *Address,* Cor Fayette & Schroeder

A. C. Poe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch. 25, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Thomas

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 31 Raborg St

Cause of Death, {First, (Primary,) Cancer & Bright's Dis. of Kidney; Second, (Immediate,) Cerebral effusion with coma

Duration of last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Shark Cemetery

Date of Burial, March 28 1880

F P Keller *M. D.*
Medical Attendant.

Undertaker, S W Elease

Place of Business, No 198 Harvard St *Address,* 85 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the Regulations below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38692 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Folson

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days.*

Color, colored

~~*Married*~~, *Single, Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Charles Co. Md.

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and number} No 2 Cross al

Cause of Death, First, (Primary,) Brain Disease

Second, (Immediate,) Coma

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Cemetery

Date of Burial, March 27 1880

Undertaker, H V Chase

Place of Business, No 198 Harvard

F. O. Keller M. D.
Medical Attendant.

Address, 85 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 38693

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 27 1880 BALTIMORE

Date of Death, March 25 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Melvina L Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* 3 *Months,* *Days.*

Color, Col *Sex,* Female

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 13 years 5 months

Place of Death, {Give street and number.} 7 Wall alley

Cause of Death, First (Primary,)

Second (Immediate,) Phthisis Pul

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 27 1880

W H Elliott M. D.
Medical Attendant.

Undertaker, W H Chase

Place of Business, 16 1/2 Howard st *Address* 616 W Balt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 38694

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Horace Bener's infant

Sex, Male or Female, {cross out the word not required in this line.} boy

Age, ... *Years,* ..... *Months,* 3 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} house in morris alley court

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Hemorrhage from navel

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Mar 27

Undertaker, Wm H Bishop

Place of Business, 92 Druid Hill Ave

W. Winslow M. D.
Medical Attendant.

Address, 201 N. Bridle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38695 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Otto Darby

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* Seven (7) *Months,* Five (5) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, ~~———~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 928. N. Broadway

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Asphyxia

Duration of last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 29th

Undertaker, Geo. Schilling

Place of Business, ~~———~~ Address, 1 E. Cor. Eager & Caroline Sts

J. W. Slemm M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Asher Frank

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 84 *Years,* 4 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Pedlar

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number} 68 N Exeter St.

Cause of Death First, (Primary.) old age.

Second, (Immediate.) Marasmus senile Imbecility

Duration of last Sickness, for 6 months bedridden.

All the above information should be furnished by the Physician.

Place of Burial Lloyd St Hebrew Cy

Date of Burial, March 29th 1880

Abram B Arnold M. D.
Medical Attendant.

Undertaker, Wm Eilau

Place of Business, 101 Gough St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob M Herbert

Sex, Male or Female, {cross out the word not required in this line.}

Age, 74 *Years,* 9 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number} 4 (Annex to) E Pratt

Cause of Death {First, (Primary,) ~~Paralytic~~ Paralysis, Second, (Immediate,)} Paralysis.

Duration of last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial Laurel Prince George County

Date of Burial, March 28th 1880

Undertaker, Jas B Cook

Place of Business, No 707 N Baltimore Street

E. H. James M. D.
Medical Attendant.

Address, Boston & Patuxent

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38698

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Vohden

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 98 N Fremont St

Cause of Death, First, (Primary,) Gastritis

Second, (Immediate,)

Duration of last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 29

Undertaker, J B Cook

Place of Business, 707 W Baltimore St

S J Knight M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 38699

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 29 1888

Date of Death, March 27th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Elizabeth Schnebly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 84 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 42 Years

Place of Death, {Give street and number.} No 116 Greenmount Ave 18th Ward

Cause of Death, First (Primary,) Paralysis

Second (Immediate,)

Duration of Last Sickness, Fifteen Years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, 29 March 3 O'clock

D. L. Maund M.D.

Medical Attendant.

Undertaker, George C Rodenmayer *Address* 138 N Exeter St

Place of Business, 38 Enson Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21 th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Weaver

Sex, Male or Female, {cross out the word not required in this line.}

Age, 36 *Years,* 11 *Months,* 9 D

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Wurtemburg Germany 6 Months

Duration of Residence in the City of Baltimore, 12 A Mason all

Place of Death, {Give street and number} Pneumonia

Cause of Death { First, (Primary,) Congestion of Lungs

Second, (Immediate,) 3 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wisconsin Towns

Date of Burial, 23 March 1888

Undertaker, J P Purdue

Place of Business, 611 E 10 Ave

Address, 522 W Lom

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 38701

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1888 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 27th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Cole

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 213 Hamburg st.

Cause of Death First, (Primary,)

Second, (Immediate,) Accidentally burned to death

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 29th

R. M. Hall *M. D.*
Medical Attendant.

Undertaker, G. W. Perkins & Co.

Place of Business, 130 Hamilton st. *Address,* 262 S. Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ALEX. BRUCE MAR 28 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th March 1890

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Kapitan

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, — *Years,* 5 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, { Give street and number } 1 Chapel Street 41.

Cause of Death, First, (Primary.) Hydrocephalus Chronicus

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Old Pauls Cemetery

Date of Burial, March 28 th 1890

Undertaker, C. Eckhard

Place of Business, 269 Canton Ave

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe & Hill

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Wunder

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, One (1) *Years,* Seven (7) *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~or Widower~~

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No 2 Warren St

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Croup

Duration of last Sickness, Six (6) Days

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, March 28th

Undertaker, Wm J. Tilton

Place of Business, 65 S. Eutaw

Jno D. Blake M. D.
Medical Attendant.

Address, 133 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie Blandford

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 38 y Hanover st

Cause of Death, First, (Primary.)

Second, (Immediate,) Convulsions

Duration of last Sickness, since Birth

All the above information should be furnished by the Physician.

Place of Burial, Beantown Charles Co

Date of Burial, March 29th 1880 Kentore Cox M. D.

Medical Attendant.

Undertaker, H Lewis Schafer

Place of Business, 109 W Fremont Address, 146 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

1715 Hano

Board of Health, City of Baltimore.

Permit No. 38705

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 28 1890 BALTIMORE

Date of Death, March 27th 1890.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Straig.

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 52 *Years,* 7 *Months,* 26 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Baker.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Near Darmstadt, Germany,

Duration of Residence in the City of Baltimore, 33 Years.

Place of Death, {Give street and number.} 82 Linden Ave.

Cause of Death, First (Primary,) [illegible]

Second (Immediate,) Marasmus.

Duration of Last Sickness, 11 Months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, March 29.

Undertaker, Walter Tunnell

Place of Business, 252 N. Bond St.

John T. L. Boyd M.D.

" " Medical Attendant.

Address, City.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Gibson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color, Black

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number} 15 Clant al —

Cause of Death {First, (Primary,) Senility / Second, (Immediate,) Inanition

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemy

Date of Burial, Mch 28" 1880

Undertaker, F. A. Kerchner

Place of Business, —

R. H. Ellis M. D.
Medical Attendant.

Address, 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38707

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday, March 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Nagle

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* 2 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} #301 Forest St

Cause of Death, First, (Primary,) Malignant Scarlet fever.

Second, (Immediate,) Convulsions,

Duration of last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, March 28th

Wilmer Brinton, M. D.
Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount av *Address,* 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38708

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Bradley

Sex, Male or Female, {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York city

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number} No 8 Wilcox St.

Cause of Death {First, (Primary,) Phthisis

Second, (Immediate,) 7 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 29th

Undertaker, H. C. Wiedefeld

Place of Business, 70 Greenmount Av *Address,* Nele & Eager Sts

H. Biddle Boyle M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38709

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAR 29 1890

CERTIFICATE OF DEATH.

Date of Death, March 26th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Terrence D Byrne

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 46 *Years,* ____ *Months,* ____ *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 96 S Wolfe

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 29 1890

Undertaker, Jas P Byrne

Place of Business, 63 Front St

Geo Blymyer M. D.
Medical Attendant.

Address, 43 N Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. BULLEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 38710

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} Johanna Jaffrey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, fifty-one *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, Lived 62 years & after marriage lived in her residence

Place of Death, {Give street and number.} 224 Chesnut Alley

Cause of Death, {First (Primary,) Congestion of the Brain

Second (Immediate,)

Duration of Last Sickness, Three Hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 29th 1880

C. E. Warner M. D.
Medical Attendant.

{*Undertaker,* Andrew Leck

Place of Business. Undertaker and Cabinet Maker *Address* 62 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38711

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophronia Soper

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, Sixty nine *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} State of New York

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give street and number} 409 N Fayette St.

Cause of Death { First, (Primary,) Asthenia

Second, (Immediate,)

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Batavia N.Y.

Date of Burial, March 30-80

Undertaker, Denny & Mitchell

Place of Business, 550 N Fayette St

E. D. May M. D.
Medical Attendant.

Address, 19 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1716

[OVER.]

Permit No. 38712

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 29 1880 BALTIMORE

Date of Death, March 27 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Jas Smith

Sex, Male or Female, {cross out the word not required in this line.}

Age, 0 *Years,* *Months,* 4 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} "

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 53 Linden Ave

Cause of Death First, (Primary,)

Second, (Immediate,) Typhoid Fever

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, March 29th 1880

Undertaker, Andrews & Hodges

Place of Business, No 46 Druid Hill Ave

C. R. Watson M. D.
Medical Attendant.

Address, 27 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3873

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Sabrie Niedebrandt

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Saxony

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number} No. 19 N. Liberty St. Balto.

Cause of Death { First, (Primary,) Old age
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 30.

{ *Undertaker,* Henry Meyer
{ *Place of Business,* 106 N. Howard St. *Address,* No. 5 Franklin St.

John Morris *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38714

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24th March '80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Corrigan

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number} 293 South Hill Ave

Cause of Death First, (Primary,)

Second, (Immediate,) Decline of Physical Forces

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Hickory, Harford Co

Date of Burial, March 29 1880

Undertaker, Jas. P. Byrne

Place of Business, 63 Hunt St

John F. Lucas M. D.
Medical Attendant.

Address, 5 W. Columbia Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER

Board of Health, City of Baltimore,

Permit No. 3875

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Augustus Hoffmann

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 4 *Years,* 9 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 59 German Street

Cause of Death, First (Primary,) Diphtheria.

Second (Immediate,) Convulsions.

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, March 30th 1880

Undertaker, Th. Seward

Place of Business, 35 S. Eutaw St

A. F. Reinhard M.D.
Medical Attendant.

Address, 224 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 29
1880
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th March 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann Welch

Sex, Male or Female, { cross out the word not required in this line. }

Age, 77 *Years,* *Months,* *Days.*

Color, W

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, { Give street and number } Nivians Row, Light St. Extended

Cause of Death, First, (Primary,) Syphilis From

Second, (Immediate,) Apthae

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, March 29 1880

Augustus McDodge M. D.
Medical Attendant.

Undertaker, Armstrong Sons

Place of Business, Light St. *Address,* 211 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[o]

Board of Health, City of Baltimore,

Permit No. 3817

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche M. McShane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One **Years,** Nine **Months,** **Days.**

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md. Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 212 Lee St.

Cause of Death, First, (Primary.) ?

Second, (Immediate,) Convulsions

Duration of last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 29th 1880

Undertaker, John Marcher

Place of Business, No 150 Camden St

J. Tyler Smith M. D.
Medical Attendant.

Address, 121 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Henry Heinz.

Sex, Male or Female, {cross out the word not required in this line.} Male.

Age, Nine *Years,* Two *Months,* Nine *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and number} 908 Cross St.

Cause of Death, First, (Primary,) Burns

Second, (Immediate,) Asthenia

Duration of last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 29th 1880

W. S. Booze M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharpe Cor. Ross st *Address,* 206 Shute St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* 2 *Months,* 14 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 100 Henrietta St

Cause of Death, First (Primary,) Congenital Syphilis

Second (Immediate,) Asthenia

Duration of Last Sickness, 6 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cem Chas E Sadtler M. D.

Medical Attendant.

Date of Burial, March 29th 1880

Undertaker, Julius Kochler *Address* 649 Penna Avenue

Place of Business, Sharp & Cross sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimore.

Permit No 38720 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 29 1880 BALTIMORE

Date of Death, March 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Gyons

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} male

Age, 26 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Oyster shucker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Brooklyn NY

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} 283 Spring St —

Cause of Death, {First (Primary,) Albuminuria V / Second (Immediate,) Exhaustion}

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, March 29 1880

Undertaker, Charles S White

Place of Business, 134 Granby St

Irving Miller M. D.
Medical Attendant.

Address 179 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 38721

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Rudolph

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 25 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Necrosis of femur
Second, (Immediate,) Septicaemia

Duration of last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, March 29th

Undertaker, D. Wiegand

Place of Business, 166 Druid Hill Ave

West M. D.
Medical Attendant.

Address, Resident Physician

MAR 29 1880

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 3874

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Upshur Johnston

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Commission Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Princess Anne Md

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 80 W Monument St

Cause of Death, First (Primary,) Mental Depression

Second (Immediate,) Suicidal shot (pistol) Through head

Duration of Last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Princess Anne Somerset Co. Md.

Date of Burial, 30th March 1880

Undertaker, H W Jenkins & Son

Place of Business, 16 Light St.

Edmund R Walker M.D.

Medical Attendant

Address Corner Mon & St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Jane 1717

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38723

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Ann Burr

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 0 *Years,* 8 *Months,* 0 *Days.*

Color, Light Copper

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and number} at Mrs Bakers Fulton ave

Cause of Death, First, (Primary,) Unknown.

Second, (Immediate,) Inflam of Brain

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Shares Street Cemetery

Date of Burial, March 29. 1880

Undertaker, Samuel F Chase

Place of Business, 191 South Howard

Chas F Bohrer M. D.
Medical Attendant.

Address, Cor Dolphin & Fulton sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0742.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 88724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Snowden

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 100 *Years,* —— *Months,* —— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, At il —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bel Air - Harford Co. Md.

Duration of Residence in the City of Baltimore, 50 yrs.

Place of Death, {Give street and number} 35 St. Paul St.

Cause of Death {First, (Primary,) Old Age

{Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 30th 1880

Undertaker, Wm. James Gray

Place of Business, 65 Mulberry St

David Streett M. D.
Medical Attendant.

Address, 142 N. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38725

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Regina Sterz

Sex, Male or Female, { cross out the word not required in this line. }

Age, 72 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germanie

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Asylum of the Little Sisters of the Poor Cor. John and Paley Sts

Cause of Death { First, (Primary.) Paralysis Second, (Immediate.)

Duration of last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 29th 1880

Undertaker, John Henning

Place of Business, 382 Orleans St.

Jno. Brooke Boyle M. D.
Medical Attendant.

Address, 106 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Ruder

Sex, Male or Female, {cross out the word not required in this line.}

Age, 23 *Years,* 3 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 328 E Lombard St

Cause of Death, First, (Primary,) Suppression of Menses

Second, (Immediate,) Convulsions

Duration of last Sickness, eight Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 30th

Undertaker, Mr. France

Place of Business, 281 Eastern Ave

C. J. Bay M. D.
Medical Attendant.

Address, 19 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 38727

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John George Weiman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Forty five Years, — Months, ... Days.

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany.

Duration of Residence in the City of Baltimore, 24. yrs.

Place of Death, {Give street and number.} 21. Fort Alley.

Cause of Death, First (Primary,) Phthisis.

Second (Immediate,) ...

Duration of Last Sickness, 2. Years.

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cem. D. L. Dreland M. D.

Medical Attendant.

Date of Burial, March 30th 80

Undertaker, Wm France

Place of Business, 280 Eastern Ave

Address Coroner E. [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 38728

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th, 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give name of parents.} Ezra Maguire

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 82 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 57

Place of Death, {Give street and number.} 164 S Durham St.

Cause of Death, First (Primary,) Exhaustion

Second (Immediate,) Old age & Bronchitis.

Duration of Last Sickness, 4 Wks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Chas.

Date of Burial, March 29th '80

Undertaker, Jos. France

Place of Business, 280 Eastern Ave

S. Theodore Steele M.D.
Medical Attendant.

Address 126 Park St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emile Zange

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ 3 *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~~ Balto. Md.

Duration of Residence in the City of Baltimore, ~~~

Place of Death, {Give street and number.} Sharp st Nr. 170 near York st.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Exhaustion

Duration of Last Sickness, 1 wk

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 29th 1880

Undertaker, H. Brehle

Place of Business, Hannelta

Dr. C. N. Schulte Jr. M. D.
Medical Attendant.

Address S.W. cor Wolf st & Canton av
Branch Sharp st near York.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Blanche L. Jenkins

Sex, Male or Female, { cross out the word not required in this line. }

Age, one year *Years,* one *Months,* — *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } No 108 Ridgely St.

Cause of Death, First, (Primary,) —

Second, (Immediate,) Diphtheria

Duration of last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, March 28 1880

Undertaker, Philip L. Dill

Place of Business, 183 Columbia Ave

J. Tyler Smith M. D.
Medical Attendant.

Address, No. 221 Barre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 29
1890
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29 1890

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Hoverkamp

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ____ *Years,* 7 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life-time

Place of Death, { Give street and number } 144 Howard st

Cause of Death, First, (Primary.)

Second, (Immediate.) Cap. Bronchitis

Duration of last Sickness, 30 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, March 29

Edward P. Wirth M. D.
Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,* 137½ E. Eu. st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...sh within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-...ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[9748.]

Board of Health, City of Baltimore,

Permit No. 38732

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anne Virginia Perry

Sex, Male or Female, { cross out the word not required in this line. }

Age, 56 *Years,* 11 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } W 154 Aisquith St

Cause of Death, First, (Primary.) Last Stage of Cerebral

Second, (Immediate,) Cerebral Hemorrhage

Duration of last Sickness, 1 year, fatal attack 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 29th 1880

Undertaker, Wm. H. Hutchman

Place of Business, 234 W Gay st

Geo. A. Peters M. D.
Medical Attendant.

Address, 49 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38733

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Mary Ann Johnson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 67 Years, Months, Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 192 E. Broadway

Cause of Death { First, (Primary,) Strangulated Hernia
Second, (Immediate,) Peritonitis following operation

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, March 29th 1880

{ Undertaker, Wm H Hedeman

{ Place of Business, 234 N Gay St.

G. G. Enek M. D.
Medical Attendant.

Address, Balt. & Mark. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 38734

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 29 1880 BALTIMORE

Date of Death, March 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Manly

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U S A

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 4 N Eden st

Cause of Death { First, (Primary,) Scarlatina Maligna
, { Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 29th 80

Undertaker, Wm. H. Hackman

Place of Business, 934 W Gay st

T Ridgway Rhodes M. D.
Medical Attendant.

Address, 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38735

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1880

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence V. Watson

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 3. Lanes Alley

Cause of Death First, (Primary,)

Second, (Immediate,) Spasms

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 29th 1880

Thos H Helm M. D.

Undertaker, C. A. White

Place of Business, Granby St *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examd by Geo E. Taylor

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles O. Badger

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* — *Months,* 18 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 437 Saratoga

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Pneumonia

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 30th 1880

Undertaker, Jos. B. Leech

Place of Business, 1207½ Baltimore Street

Thomas O'Rie M. D.
Medical Attendant.

Address, 587 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38737

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28 80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arthur Edward Rial

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 14 *Days.*

Color, Male

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, { Give street and number } 416 Lexington St

Cause of Death, { First, (Primary,) Congestion of Lungs

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, March 30 80

Undertaker, Mathews Andrews

Place of Business, [illegible] *Address,*

D. McShane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible], J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday March 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Frances Brown

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, *Years,* 6 *Months,* *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Six Months

Place of Death, {Give street and number.} 56 Davis St

Cause of Death, {First (Primary,) Marasmus; Second (Immediate,) Inanition

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 29 1880

{*Undertaker,* B. Hoelle; *Place of Business,* Light St}

[illegible] *M. D.*
Medical Attendant.

Address 51 N Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38739

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Roth

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 13 Fountain Street

Cause of Death, { First, (Primary,) Marasmus

{ Second, (Immediate,)

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Ft. Mchenry

Date of Burial, March the 29th 1880

Undertaker, H. A. Gilmore

Place of Business, 45 Hill, Canton Ave

James F. McShane M. D.
Medical Attendant.

Address, 60 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

Permit No. 38740

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Rhoades

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 47 *Years,* 7 *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country. (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 414 Light St

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,)

Duration of last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, March 30th

Undertaker, F. N. Tool

Place of Business, 131 & Lanvale St

W. B. Billingslea, M. D.
Medical Attendant.

Address, Harford Ave & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar. 27 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. B Harrison

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 0 *Years,* 6 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, At H.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Texas,

Duration of Residence in the City of Baltimore, 6 wks.

Place of Death, {Give street and number} 64 St. Paul St.

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate.) after a

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, West cemetery

Date of Burial, March 29th

Undertaker, Jos B Blackistone & Son

Place of Business, No 60 W Baltimore

David Shutt M. D.
Medical Attendant.

Address, 143 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38742

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Simon Harris

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 4 *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 70 Harrison St

Cause of Death { First, (Primary,) ... / Second, (Immediate,) Scarlet Fever

Duration of last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Belair Road Hebrew Cem

Date of Burial, March 30/80

Undertaker, D. Hyman

Place of Business, 45 Exeter St

A L Shenker MD *M. D.*
Medical Attendant.

Address, 11 S. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38743

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 30 1880 BALTIMORE

Date of Death, March 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrik Nunner

Sex, Male or Female, {cross out the word not required in this line.}

Age, 60 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 22 yrs.

Place of Death, {Give street and number} 85 N Paca

Cause of Death, First, (Primary.) .....

Second, (Immediate,) Suicide, by hanging

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Bay

Date of Burial, March 30th

Geo E Ogle Coroner M. D.
Medical Attendant.

Undertaker, J. Mullen

Place of Business, 86 N. Paca St. *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 38744

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 30th March 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clifford Hancock

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 23 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Machinist

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bald

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 325 E. Bald St

Cause of Death, {First (Primary,) Accident

{Second (Immediate,) Injury of Brain

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 31st 1880

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,*

L. Blundin M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38745

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Scherer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 45 Greenmount Ave

Cause of Death { First, (Primary,) Spasmus Neonatorum. / Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 30th 1890

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

Wm Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38746

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28 80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma H. Groves

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 3 *Years,* *Months,* 21 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 2 Thurlow Ch

Cause of Death, { First, (Primary,) } Bronchitis

{ Second, (Immediate,) }

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Louisa Cemetary

Date of Burial, March 30 1880

Undertaker, Charles a White

Place of Business, 30 Bruce st

Edward Wheeler M. D.
Medical Attendant.

Address, 133 Thurlow Ch

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

Permit No. 38747

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Robertson

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 30 *Years,* 1 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Worchester Co. Md.

Duration of Residence in the City of Baltimore, 12 years.

Place of Death, {Give street and number} 19 Williamson St.

Cause of Death { First, (Primary,) / Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 31st 80. P.M.

Undertaker, Armstrong & Denny

Place of Business, Light & Montgomery

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 38748

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 30 1880 BALTIMORE

Date of Death, March 29. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William. S. Arthur

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Physician

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 75 Madison Ave

Cause of Death, {First (Primary,) / Second (Immediate,)} Heart Disease

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cy

Date of Burial, Mch 31

Undertaker, Edward McCue

Place of Business, 55 East

C. F. Bellenguine M. D.
Medical Attendant.

Address 44 Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38749

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March ~~27~~ 29. 80.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Compton

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 92 *Years,* 11 *Months,* 2 *Days.*

Color, White

~~Married~~, Single, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 61 Years

Place of Death, {Give street and number} Lavalette St.

Cause of Death, First, (Primary.) Marasmus senile

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 31 1880

Undertaker, John L Horchow

Place of Business, Park Ave & Fayette

Chas E. Coon M. D.
Medical Attendant.

Address, 226 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Baltimore,

Permit No. 38757

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Mackey

Sex, Male or Female, {cross out the word not required in this line.}

Age, 36 *Years,* 5 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 36 Emory St

Cause of Death { First, (Primary,) Pulmonary Consumption
, Second, (Immediate,)

Duration of last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 31st 1880

Undertaker, John Murphy

Place of Business, Park & Lobley

J. H. Emmey *M. D.*
Medical Attendant.

Address, 76 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38751

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Noah Dutton

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 75 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~*Married*~~, *Single*, *Widow or Widower*, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Made

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number} 7 Mulberry St

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) old age

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 30th 1880

James A Steuart M. D.

Undertaker, J. A. Kershner

Place of Business, S. Carrollton Av

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jos V. Fitzpatrick

Board of Health, City of Baltimore,

Permit No. 38752

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28 - 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Ballard.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Nine *Years,* ____ *Months,* ____ *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 14 1/2 York St

Cause of Death, First, (Primary,) Convulsions.

Second, (Immediate,) Asthenia.

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 30th

Undertaker, Perkins & Lee

Place of Business, 130 Fennetts st

W. S. Booze M. D.
Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BULLEY & CO. CITY PRINTERS AND STATIONERS.

(over.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38753

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Hall.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 127 Chestnut St.

Cause of Death, First, (Primary.) Bronchitis

Second, (Immediate.)

Duration of last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 29th 1880

Undertaker, Wm H Hudders

Place of Business, 280 Chestnut.

Edw'd P. McDevitt M. D.
Medical Attendant.

Address, 133 E Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to h within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- rth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- eased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

LANTY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 38754

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 30 1880 BALTIMORE

Date of Death, March 29 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles West

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 47 *Years,* ... *Months,* ... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Virginia Londoun Co

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number.} 9 Law Sh

Cause of Death, {First (Primary,) ... Second (Immediate,) Brights disease

Duration of Last Sickness, 5 or 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 30. 1880

Undertaker, Abraham Hoyman

Place of Business, 30 Saratoga St

Chas H Keen M. D.
Medical Attendant.

Address 166 N. Jayne

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38755

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29-1880

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann W. Whitney

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 69 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married~~, Single, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hamilton, Bermuda Islands

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 223 N. Carey St

Cause of Death { First, (Primary,) Pleuro Pneumonia
Second, (Immediate,) Syncope

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, March 31st 1880

Undertaker, A. W. Jenkins & Son

Place of Business, 16 Light St

John J. King M. D.
Medical Attendant.

Address, 76 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38756

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard Goodwin

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 186 Raborg St

Cause of Death First, (Primary.) Mal Nutrition Cerebral

Second, (Immediate,) Marasmus

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 30th 1880

James A. Steuart M. D.

Undertaker, S. W. Chase

Place of Business, S. Howard St. *Address,* Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by - Jos V. Fitzpatrick

Permit No. 38757

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 30 1880 BALTIMORE

Date of Death, March 29 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Weblar Ransone

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* 3 *Months,* 6 *Days.*

Color, White *Sex,* Female

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore, Lifetime Years

Place of Death, {Give street and number.} #349 W Biddle St

Cause of Death, First (Primary,) Congestion of Lungs

Second (Immediate,) Heart Disease

Duration of Last Sickness, Four Hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Mar 31 1880

Undertaker, Fry & Bro

Place of Business, 54 N Broadway

C. R. Ransone M. D.

Medical Attendant.

Address #349 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 38758

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 30 1880 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 30 March 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Coles

Sex, Male or Female, {cross out the word not required in this line.}

Age, 0 *Years,* 1 *Months,* *Days.*

Color, Col

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 82 Oak St

Cause of Death { First, (Primary,) Marasmus

, { Second, (Immediate,) —

Duration of last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, March 30th 1880

Undertaker, Chas. T. Scriven

Place of Business, 271 N. Eutaw

82 Lane Dauphin M. D.
Medical Attendant.

Address, 129 W Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38759

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29 " 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Mary A. Brian

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 1 Redding's St

Cause of Death, First, (Primary,)

Second, (Immediate,) Inanition

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Public Cemet

Date of Burial, March 30 1880

Undertaker, Fred A. Kirchner

Place of Business, S.D. S. Carrollton ave

Thos H Buchanan M. D. Medical Examiner.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr. V. Fitzpatrick

OVER

Board of Health, City of Baltimore,

Permit No. 38760

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Monday March 29th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caleb Taggart

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 65 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Chester Co, Pa

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number} Streets Hotel Cor of Forest & Hollins St.

Cause of Death, First, (Primary,) Bronchitis with Enlargment of Heart,

Second, (Inimediate,) .....

Duration of last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 31st

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Wilmer Jinton M. D.
Medical Attendant.

Address, 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 38761

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 31 1880 BALTIMORE

Date of Death, May 30. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Baylor

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md. Life time

Duration of Residence in the City of Baltimore, No. 49 Duncan Alley

Place of Death, {Give street and number.}

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Apnoea

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery Phila Road

Date of Burial, March 31st 1880

Undertaker, Denny & Mitchell

Place of Business, 682 Broadway

Address No. 370 E. Fayette St

J. D. Fiske M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30 - 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schultz

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* 6 *Days.*

Color, W^

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 490 N Fremont St

Cause of Death, {First, (Primary.)} Capillary Bronchitis

{Second, (Immediate,)}

Duration of last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 1 1880 C. Kirkland *M. D.*

Medical Attendant.

Undertaker, Walter Emmert

Place of Business, 262 W. Biddle *Address,* 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38763

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1890 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1890.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hermine L. E. Schmidt.

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 43 *Years,* 1 *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, 19 years.

Place of Death, { Give street and number } 45 Pearl St.

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Phthisis Pulmonalis.

Duration of last Sickness, Some months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 1st 1890

Undertaker, P. Kennedy

Place of Business, 311 N. Gilmor St

P. J. H. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No 13.8764

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 31 1880 BALTIMORE.

Date of Death, March 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane E. Johns

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* 6 *Months,* 6 *Days.*

Color, white *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Charles Co., Md

Duration of Residence in the City of Baltimore, 18 Yrs.

Place of Death, {Give street and number.} 125 N. Charles St. Balt.o

Cause of Death, First (Primary,) Intermittent Fever

Second (Immediate,)

Duration of Last Sickness, Six Months (about)

All the above information should be furnished by the Physician.

Place of Burial, Glenwood. Washington D.C.

Date of Burial, 1st April 1880

Eugene H. Cordell M. D.
Medical Attendant.

Undertaker, H & W Jenkins & Son

Place of Business, 16 Light st. *Address* 125 N Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1718

[OVER.

Permit No. 38765

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Herbert,

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Sixteen *Years,* —— *Months,* —— *Days.*

Color, Mulatto *Sex,* ——

~~*Married,*~~ *Single,* ~~*Widow*~~ or ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick City Md.

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, {Give street and number.} No. 40 Cowdens bet. Columb alley

Cause of Death, First (Primary,) Debility -

Second (Immediate.) Bilious fever

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St peters cemetery

Date of Burial, March the 31

[redacted] B. Gardner M. D.

Medical Attendant.

Undertaker, John C. Jordan

Place of Business, No 63 park Ave

Address 120-h. Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta W. Zuckes

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Thirty years.

Place of Death, {Give street and number} Cor. High and Fawn St.

Cause of Death First, (Primary.)

Second, (Immediate,) Carcinoma Uteri.

Duration of last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Ba. Co. Cem.

Date of Burial, 4/1/80

Undertaker, C. W. Snyder

Place of Business, 202 Canton Av.

Aug. F. Erich M. D.
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 3876

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 31 1880 BALTIMORE

Date of Death, March 30. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Crippen

Sex, Male or Female, {cross out the word not required in this line.}

Age, About 81 *Years,* — *Months,* — *Days.*

Color, Black

~~*Married,*~~ *Single, Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Snow Hill Md

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number} 37 Perry St

Cause of Death {First, (Primary,) Capillary Bronchitis

{Second, (Immediate,) Asphyxia,

Duration of last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 31 1880

Undertaker, Samuel H. Chase

Place of Business, 198 S. Howard

Robt W. Mylius *M. D.*
Medical Attendant.

Address, 64 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38768

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 31 1880 BALTIMORE

Date of Death, March 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Sweeney

Sex, Male or Female, {cross out the word not required in this line.}

Age, 62 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and number} No 118 Scott St.

Cause of Death {First, (Primary,) Pulmonary Consumption

{Second, (Immediate,)

Duration of last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Bony Bay

Date of Burial, April 1 1880

Undertaker, Mathew Cadogan

Place of Business, 227 Mulberry St

Chas. E. Nicholson M. D.
Medical Attendant.

Address, 279 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 98769

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Briggs

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ 2 *Months,* 3 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 321 S. Howard St

Cause of Death { First, (Primary,) ; Second, (Immediate,) Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, March 31 1880

Undertaker, Jacob Davis

Place of Business, Lee St

M. D.

Address, Comm of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by — J. V. Fitzpatrick [CORONER]

Permit No. 38770

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 29- 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Joseph Garrett

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* — *Months,* 8 *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Minor

Occupation, "

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 1 year 8 days

Place of Death, {Give street and number.} 331 N. Howard St.

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, About 1 week

All the above information should be furnished by the Physician.

Place of Burial, Lowell Cemetery

Date of Burial, March 31st 1880

Undertaker, Wm. James Gray

Place of Business, 65 Mulberry St

W. E. Moseley M. D.
Medical Attendant.

Address 248 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ella Kelly

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 35 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Factory hand

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give street and number} City Hospital

Cause of Death, First, (Primary.) Carcinoma of Uterus

Second, (Immediate.) Asthenia

Duration of last Sickness, 18 mos

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem.

Date of Burial, March 31st 1880

Undertaker, Jno F Byrne

Place of Business, 37 n Liberty

J H Buchanan M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Askins

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 104 Sarah Ann St.

Cause of Death, First, (Primary,) Indigestion

Second, (Immediate,) Exhaustion

Duration of last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, March 31 1880

R. B. Morrison M. D.
Medical Attendant.

Undertaker, Helen Askins

Place of Business, Sarah Ann St *Address,* General Dispenser

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 38773

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 30, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Jones

Sex, Male or Female, {cross out the word not required in this line.}

Age, 23 *Years,* ____ *Months,* ____ *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Tailoress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No 81 Biddle St E. of Ann

Cause of Death, First, (Primary.) ____ Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, A Number of Years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 1st 1880

Undertaker, Henry W. Mears

Place of Business, 345 N Gay St

H. H. White, M. D.
Medical Attendant.

Address, 1 Eut Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 38774

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HALTIMORE MAR 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mch 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Bailey

Sex, Male or Female, {cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, Wht

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 5 yrs.

Place of Death, {Give street and number} 46 Cross st

Cause of Death First, (Primary.) Pulmonary Consumption

Second, (Immediate.)

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 1st 1880

Undertaker, Armstrong & Denn

Place of Business, 263 Light St

R. A. Pellie M. D.
Medical Attendant.

Address, 315 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38775

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 31st March 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Izitta L Peirce,

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 25 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single,

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } R. I.

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, { Give street and number } No 7 Columbia Square, Cor of Gilead

Cause of Death, { First, (Primary,) Pyaemia, Cor of Gilead, Second, (Immediate,) Coma, from Cerebral Effusion

Duration of last Sickness, 23 days

All the above information should be furnished by the Physician.

Place of Burial, Wickford R.I.

Date of Burial, Apr 1st 1880

Undertaker, Denny & Mitchell

Place of Business, 53 W. Fayette

C. H. Jones M. D.
Medical Attendant.

Address, 53 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Trans 1720

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38776

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 31 1880 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodrick G. Fergusson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Richmond Virginia

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number} 212 Stirling St.

Cause of Death, First, (Primary,) Cirrhosis of Liver

Second, (Immediate,)

Duration of last Sickness, 2½ Years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 1 1880

Edwin B. Fenby M. D.
Medical Attendant.

Undertaker, S. M. Leonard & Son

Place of Business, 782 W. Baltimore *Address,* 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 30th 30" 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Davis

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 84 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 84 years

Place of Death, {Give street and number} 92 McCulloh St

Cause of Death, First, (Primary.) Heart disease

Second, (Immediate.)

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 1

Undertaker, C W Blizzard

Place of Business, 20 Pen av

W Riley M. D.
Medical Attendant.

Address, 30 b Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38778

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 11 1880 BALTIMORE

Date of Death, March 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Roth

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 49 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} 14 E. 395 Eastern Av.

Cause of Death {First, (Primary,) Cancer of Liver and Intestines

{Second, (Immediate,) Exhaustion

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cimetery

Date of Burial, April 2d 1880

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Av.

L. C. Nutsmith M. D.
Medical Attendant.

Address, 12 S. Edo. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edwd Williams

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ~~Years~~, ~~Months~~, 10 Days.

Color, cd *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 31 King Alley

Cause of Death, { First (Primary,) Tetanus Nascentium
Second (Immediate,) From damp.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 1.

Undertaker, Hercules Ross

Place of Business, 14 Monroe St

John G. Jones M. D.
Medical Attendant.

Address Park Ave & Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 38780

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis B. Loney

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 5 *Years,* 4 *Months,* 25 *Days.*

Color, White *Sex,* Male

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} cor Bolton & Mosher Sts

Cause of Death, First (Primary,) Dropsy, General Kidneys.

Second (Immediate,) Erysipelas

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 2d 1880

E. Ridgely Baer M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address* 142 Bolton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 38781

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas John Mears

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One *Years,* ——— *Months,* Thirty *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, all of life

Place of Death, {Give street and number} 51 Bruce St.

Cause of Death First, (Primary,) Dentition

Second, (Immediate,) Convulsions

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 1 1880

Undertaker, William M Duggee

Place of Business, 10 Stockton St

J. H. Christian M. D.
Medical Attendant.

Address, 431 Lanvale Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 31st March 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Elizabeth Gantz

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 22 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Kept at her home

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } York Penn

Duration of Residence in the City of Baltimore, about 1 Years

Place of Death, { Give street and number } 1 N Eden St

Cause of Death, First, (Primary,) Phthisis of one lung

Second, (Immediate,) Exhaustion of one lung about six months

Duration of last Sickness, about six months

All the above information should be furnished by the Physician.

Place of Burial, Glen Rock York Co Pa

Date of Burial, Friday April 2nd 1880 W C Nean Bibb M. D.

Medical Attendant.

Undertaker, E Cox

Place of Business, 84 & 86 Bank St *Address,* [illegible] Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Folio 1721

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38783

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Foster

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balti

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 77 Mulberry st

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, April 1st 1880

J. Dyer M. D.
Medical Attendant.

Undertaker, Thos J Foster

Place of Business, 1 S Jefferson st *Address,* 192 Orleans st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, [illegible] Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Black

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 77 *Years,* ____ *Months,* ____ *Days.*

Color, Colored

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, about 40 yrs

Place of Death, {Give street and number} 16 State street

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Bright's disease

Duration of last Sickness, about 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 2nd

Undertaker, G. W. Perkins & Co.

Place of Business, 180 Penn'a Ave

A. J. Darling M. D.
Medical Attendant.

Address, 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Condy

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co. Md.

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give street and number} 2 Plum Row

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate,)

Duration of last Sickness, 5 Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 1 - 1880

O. A. Corbett M. D.
Medical Attendant.

Undertaker, Samuel W. Case

Place of Business, 198 South Eutaw Street *Address,* 244 N. Carey st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of [illegible] REGISTRAR OF VITAL STATISTICS.

Permit No. 38786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 1 1880 BALTIMORE

Date of Death, March. 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Ringgold

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~[illegible]~~ *Years,* 6 *Months,* ~~[illegible]~~ *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 200 Warner St

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Pneumonia

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 1st 1880

Undertaker, W. Jas. Gray

Place of Business, Mulberry St

Thos. H. Hall M. D.
~~Medical Attendant.~~

Address, Comm. of Health & Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by. D. T. Durding

Permit No. 38787

...R OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Taylor

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 8 *Years,* 10 *Months,* 1 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 97 E Pleasant St

Cause of Death, First (Primary,) Effusion

Second (Immediate,) Kidney Trouble

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemetery

Date of Burial, April 1st 1880

Undertaker, John Lupa

Place of Business, 161 E Balt. St

Charles McMurtrie M.D.
Medical Attendant.

Address, 67 W Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 11 1880 BALTIMORE

Date of Death, April 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ariella Vickers

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 53 Years, 4 Months, ——— Days,

Color, Mulat

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Milliner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, {Give street and number} 22 N. Chas St

Cause of Death {First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Apr 3rd

Undertaker, Andrew Stodgell

Place of Business, 446 Pitt av

Thos Shearer — M. D.
per A. S. Griggs M.D. Medical Attendant.

Address, 97 N. Chas St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Unknown, found March 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Unknown~~ William L. Miller

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, about 45 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Unknown Married

Occupation, Unknown Labor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Unknown, believed Germany

Duration of Residence in the City of Baltimore, Unknown 25 Years

Place of Death, {Give street and number} Spring Gardens, near Ramstead's Wharf

Cause of Death First, (Primary,) Believed to be Accidental Drowned

Second, (Immediate,)

Duration of last Sickness, Believed to be Short

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, April 1st 1880

Undertaker Jos. B. Leach

Place of Business, No 707 W. Baltimore street *Address,* Harmon & Barre Sts.

R. G. LEE M. D.
Medical Attendant.
Coroner's

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38790

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy A Granger

HEALTH DEPARTMENT APR 11 1880 BALTIMORE

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 17 Monument St

Cause of Death {First, (Primary,) Tubercular Meningitis

{Second, (Immediate,) Coma

Duration of last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetary

Date of Burial, Apr 3rd 1880

Undertaker, Stewart & Mourn

Place of Business, 33 Park Ave

Chas O'Donovan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, [illegible] to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday March 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Emory

Sex, Male or Female, {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number} No 4 Dawson Alley

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Pulmonary Hemorrhage

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Shamp St Cemetry

Date of Burial, April 1 1880

Undertaker, William M Dwyer

Place of Business, 10 Stockton St

J. Dennett Norris M. D.
Medical Attendant.

Address, 352 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Malem Badger

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, about 38 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Drayman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 92 Peach alley between Aisquith & Hamburg

Cause of Death { First, (Primary,) ——— Second, (Immediate,) Consumption

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 2 1880

Undertaker, Hercules Ross

Place of Business, Conway St

Jam A Steen M. D.
~~Medical Attendant~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Exam by — I. E. Dierding

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38793

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Maintpenny

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 103 *Years,* Supposed *Months,* *Days.*

Color, Black

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} San Domingo - West Indies

Duration of Residence in the City of Baltimore, 80 Years -

Place of Death, {Give street and number} 72 St. Monje St.

Cause of Death, First, (Primary,) Fracture of Femur -

Second, (Immediate,) Exhaustion from old Senes -

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral cemetery

Date of Burial, April 2d 1880

Clark Van Bibber M. D.
Medical Attendant.

Undertaker, J. C. Jordan

Place of Business, 63 East Pratt

Address, 41 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 2 1880 BALTIMORE

Date of Death, March 24. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Camille Anderson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* Sixteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 453 N. Fayette Street

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, April 1. 1880

Chas. H. Goff M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St *Address,* 706 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38795

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levin Dise

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Twenty Two *Years,* ____ *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Accomack Co Virginia

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number} 4 Peach alley

Cause of Death, First, (Primary,) Exposure to the weather

Second, (Immediate,) Nephritis

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April Second

Undertaker, J. Lewis

Place of Business, 103 N. Gay St.

L. D. Dyer M. D.
Medical Attendant.

Address, 146 Hill St

L. D. DYER M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0728.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma. Butz

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 219 Bokony Ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Gastro Enteritis

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 2d

Theodore Lotz M. D.
Medical Attendant.

Undertaker, B. Funk

Place of Business, No 411 Light Street

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. [0742.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Dunn

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 72 *Years,* ..... *Months,* ..... *Days.*

Color, W

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, ~~—~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Scotland

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, { Give street and number } Aged Womens Home

Cause of Death { First, (Primary,) Perforation of Bowels

{ Second, (Immediate,)

Duration of last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 2nd April 1880

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light st.

Geo H. Fyste M. D.
Medical Attendant.

Address, 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Heerman

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 67 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.} Widower

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria Germany

Duration of Residence in the City of Baltimore, Twelve Years

Place of Death, {Give street and number} No. 137½ Lexington

Cause of Death First, (Primary,) Spasmodic Asthma

Second, (Immediate,) Coma

Duration of last Sickness, 33 Years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 4th 1880

Undertaker, C. Kunkel

Place of Business, 60 Park Avenue

Jno. S. Lynch M. D.
Medical Attendant.

Address, 17 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 2 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry L Fairbank

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 1 *Years,* 7 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth V

Place of Death, {Give street and number} 47 S Gilmore St

Cause of Death, First, (Primary,) Double Pneumonia

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 2° 1886

Undertaker, John S Thacher

Place of Business, Park & Fayette Sts

W. H. Hill M. D.
Medical Attendant.

Address, 361 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No: 38807

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Gaylor

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* Two *Months,* Three *Days.*

Color, Dark

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 1010 Sarah Ann St

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 2nd 1880

Undertaker, Wm James Gray

Place of Business, 6 & Shultz st

W. L. Rieu M. D.
Medical Attendant.

Address, 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28801

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bayless

Sex, Male or Female, {cross out the word not required in this line.}

Age, 84 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto md.

Duration of Residence in the City of Baltimore, Since birth -

Place of Death, {Give street and number} 18 Curley St

Cause of Death, First, (Primary.) Cancer — first appearing about the nose - during

Second, (Immediate,) Erysipelas { it and Gathering & eat away the face -

Duration of last Sickness, About - 2 years -

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, April 2d

E. Jones Williams M. D.
Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Address, 17 Belvidere St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38802

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1, 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie Broderick

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Corner Fifth & Hull Sts

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Blood Poisoning

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, April 2 d

J. W. Miller M. D.
Medical Attendant.

Undertaker, H. C. Micklefield

Place of Business, 90 Greenmount Ave *Address,* 17 W Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38803

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Byron Grundy

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Puerto Rico

Duration of Residence in the City of Baltimore, Infancy

Place of Death, {Give street and number} Jno. H. Sims's Infirmary N. Broadway

Cause of Death, First, (Primary,) Worms Bright's

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, 3rd April 1880

Undertaker, H. W. Jenkins & Son

Place of Business, #16 Light St.

S. H. Sims M. D.
Medical Attendant.

Address, Jno. H. Sims's Infy N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida J. McNamara

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 7 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 39 E Lombard

Cause of Death { First, (Primary,) Tubercular Meningitis
Second, (Immediate,) Convulsions

Duration of last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, April 2nd 1880

Undertaker, James O Byrne

Place of Business, No 63 N Front St

H W Nelson M. D.
Medical Attendant.

Address, 57 Barnes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Williams

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} 369 N. Broadway

Cause of Death First, (Primary,) Chronic Malarial Poisoning

Second, (Immediate,) Abortion - Embolism (Perhaps)

Duration of last Sickness, 9

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 3rd 1880

Undertaker, John N. Weaver & Co.

Place of Business, # 22 W. Fayette St. *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38806

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Davis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert County Maryland

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give street and number.} 112 East Lombard St

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,) Coma

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Calvert County, Md

Date of Burial, April 5th 1880

Undertaker, John T. Weaver & Co *Address*

Place of Business, #22 W. Fayette St

Dr. H. Schaffenstein M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wilson.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* Six *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Left of life

Place of Death, {Give street and number} 252 Hughes St

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate,) Lethargia

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 2nd

Undertaker, J. W. Bliss, 21

Place of Business, 130 Hanover

G. S. Booze M. D.
Medical Attendant.

Address, 206 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38808

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George F. Abrod.

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 7 *Months,* ... *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City.

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 161 Carroton Ave.

Cause of Death, First (Primary,) Pulmonary Congestion.

Second (Immediate,) 18 hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 3d 1880

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

Jno. L. F. Frazier M.D.
Medical Attendant.

Address, City,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Eaton

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 2 *Years,* 4 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 1 N. Bond St.

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetry

Date of Burial, Saturday April 3

Undertaker, E Cox

Place of Business, 847 & 86 Bank St

Address,

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38810

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Cohen

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 3 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 40 Cohen alley

Cause of Death First, (Primary,) Phthisis Pulmon. Tuberculosis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 yrs

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, April 2/80

Undertaker, F. C. Kercher

Place of Business, 50 S Carrollton Av

Robt. H. Mufflin M. D.
Medical Attendant.

Address, 642 N. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible] Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eisenberg

Sex, Male or Female, {cross out the word not required in this line.} female

Age, ____ *Years,* 1 *Months,* 4 ~~22~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 368 Hamburg St.

Cause of Death, First, (Primary,) Infantile

Second, (Immediate,) convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, B[redacted]ltimore cemeti

Date of Burial, April 4 1880

H Smith *M. D.*
Medical Attendant.

Undertaker, F. Pabe

Place of Business, 425 Conn street *Address,* 108 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38812

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lonnie Boley

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Ninety five *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Twenty six years

Place of Death, {Give street and number} 261 Hughes St.

Cause of Death, First, (Primary,) Old age.

Second, (Immediate,) Asthenia.

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 3

Undertaker, Hercules Ross

Place of Business, 15 Lombard St

W S Booze M. D.
Medical Attendant.

Address, 206 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38813

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maud D. Harrison,

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 1 *Years,* *Months,* *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, all her life.

Place of Death, {Give street and number.} 153 Mosher St.

Cause of Death, First (Primary,) Diphtheria, 5

Second (Immediate,) "

Duration of Last Sickness, One Week, - 24 hours under treatment.

All the above information should be furnished by the Physician.

Place of Burial, Lauder Park Cemetery

Date of Burial, April 3

Undertaker, Joseph Cook

Place of Business, 707 West Baltimore *Address.* City

John T. L. Stuart M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38814

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Denby.

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male.

Age, 47 *Years,* *Months,* *Days.*

Color, Colored.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, Labrer.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time V

Place of Death, {Give street and number} 5th East St.

Cause of Death First, (Primary,) ~~Pneumonia~~

Second, (Immediate,) Pneumonia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 2. 1880

Undertaker, Abraham Hayman

Place of Business, 43 Saratoga St

Dr. G. W. Watson M. D.
Medical Attendant.

Address, Asquith st 18

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OVER.

Board of Health, City of Baltimore,

Permit No. 38815

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar L. Done

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 21 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Mass,

Duration of Residence in the City of Baltimore, 1 Week

Place of Death, {Give street and number} on board Str Wm Cram, lying in Basin

Cause of Death { First, (Primary,) Alcohol
Second, (Immediate,) Apoplexy

Duration of last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, Chatham Mass

Date of Burial, —

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

R. C. L. 22 M. D.
~~Medical Attendant.~~ Coroner S. D.

Address, Hanover Bank Bldg

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of ~~illegitimate~~ children,

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Board of Health, City of Baltimore,

Permit No. 38816

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel C. Myers

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~Years~~, 3 Months, ~~Days~~.

Color, (Colored)

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 66 Paca St. Cor Dallas St

Cause of Death { First, (Primary,) (Meningitis) Tubercular
, { Second, (Immediate,)

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Apr 2nd 1880

{ *Undertaker,* Theodore F Lake
{ *Place of Business,* 73 Jefferson St

Thomas B. Evans M. D.
Medical Attendant.

Address, 122 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline Mussy

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, Sixty Eight *Years,* ..... *Months,* ..... *Days.*

Color, ...

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. } Widow

Occupation, None

Birthplace, { State of country, and how long in the United States if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 132 N. Eden St

Cause of Death, First, (Primary.) Valvular Disease of heart & Prostration

Second, (Immediate.) .....

Duration of last Sickness, Fifteen Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 2nd 1880

Undertaker, Theodore G. Looks

Place of Business, 73 Jefferson St

Chas. Field Kinsey M. D.
Medical Attendant.

Address, 116 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to the Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 28818

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Sabine Lauber

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 28 *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 1 years

Place of Death, {Give street and number} N 304 W. Pratt St.

Cause of Death, First, (Primary,) Diphtheria Faucium

Second, (Immediate,) Diphtheria Laringis.

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, 4th of April 1880

Undertaker, P. Secourd

Place of Business, 35 S. Eutaw St

Wm. Salyer M. D.
Medical Attendant.

Address, 16 S W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Barbara Fritzinger

Sex, ~~*Male*~~ *or Female,* { cross out the word not required in this line. }

Age, 51 *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 2 2 34

Place of Death, { Give street and number } 307 Mulberry

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Apoplexy.

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Adele Shalom Cem

Date of Burial, April 4th 1880 Louis Coblentz M. D.

Medical Attendant.

Undertaker, Wm Elsaesser

Place of Business, 101 Gough St *Address,* 225 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38820

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1880

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Viola Wilcox

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 11 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime ✓

Place of Death, {Give street and number} 156 Harford Ave.

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 3rd 80

Undertaker, Geo Schilling

Place of Business, Ashland & Lyman

Thos. Brooke Boyle M. D.
Medical Attendant.

Address, Mch & Eager Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to the Use of Disinfectants.

Board of Health, City of Baltimore,

Permit No. 38821

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 3. 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eddie Sugsole

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* 10 *Months,* 10 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Buffalo

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number} 183 Edmondson Ave

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Convulsions

Duration of last Sickness, 36 Hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 4th 1880

Undertaker, A. W. Jenkins & Son

Place of Business, 16 Light st

P. L. Williams M. D.
Medical Attendant.

Address, 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2d April 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Steinmüller

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months,* *Days.*

Color, white

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number} 356 W. Lombard Str.

Cause of Death, First, (Primary,) Diphtheria typhosa.
Second, (Immediate,)

Duration of last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sunday April 4/80

Robert Anthon M. D.
Medical Attendant.

Undertaker, Peter Kummer

Place of Business, 317 Mulberry St

Address, 121 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38823

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Bracebury

Sex, Male or Female, {cross out the word not required in this line.}

Age, said to be *Years,* 125 years *Months,* *Days.*

Color, colored

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 11 Grove St

Cause of Death { First, (Primary,) ~~11 Grove St~~ Extreme old age
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, April 3 the A 1880

Undertaker, Charles A White

Place of Business, 35 Hanby St

Edmund R Walker M. D.
Medical Attendant.

Address, Coroner & P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1st 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alford Kleine

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 234 N Front st

Cause of Death { First, (Primary,) / Second, (Immediate,) Acute Hydrocephalus

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, April 3. 1890

{ *Undertaker,* Charles. A. White
{ *Place of Business,* 35 Granby St

J. L. Lopner M. D.
Medical Attendant.

134 N Front st

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38826

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} annetta Mrs. Schoepfe

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 54 *Years,* 4 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} has been in America 44 years. Switzerland

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and number} 117 Park St

Cause of Death, First, (Primary.) Heart disease

Second, (Immediate.) General Dropsy

Duration of last Sickness, 1½ yrs

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Sunday April 4th

H. L. Hill M. D.
Medical Attendant.

Undertaker, Peter Kimmett

Place of Business, 317 Hanover St *Address,* 301 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie May Gump

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Three *Years,* Six *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 230 East Fayette Street

Cause of Death, First, (Primary.) Not known to me

Second, (Immediate,) Congestion of the brain

Duration of last Sickness, About Two Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 4th

Milton A. Taylor M. D.
Medical Attendant.

Undertaker, Fry & Bro

Place of Business, 54 N Broadway *address,* Broadway & McElderry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wiesecker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Forty three *Years,* — *Months,* — *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany 16 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 60 Philpot St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Pulmonary

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, April 2

Undertaker, Patrick Mullan

Place of Business,

D. C. Boland M.D.

Medical Attendant.

Address Corner E. N.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38828

The Physician who attended the person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice McCormick

Sex, Male or Female, { cross out the word not required in this line. }

Age, 40 *Years,* ____ *Months,* ____ *Days.*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 25 Jrs

Place of Death, { Give street and number } 41 Holland Alley

Cause of Death, { First, (Primary,) Phthisis Pulmonalis / Second, (Immediate,)

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Sunday April 4

John Neff M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 558 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38829

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Cook

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 42 *Years,* *Months,* *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} don't Know

Occupation, Convict

Birthplace, {State or country (and how long in United States, if of foreign birth.)} don't Know

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, one Week.

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, April 2

Undertaker, Patrick Mullin

Place of Business,

Jno. Brooke Boyle M.D.
Medical Attendant.

Address, 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jackson

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 88 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St Mary's Co Md

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 49 State St

Cause of Death, First (Primary,) Chronic Bronchitis

Second (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 5th 1880

J. Wm. Walls M. D.
Medical Attendant.

Undertaker, Wm. James Gray

Place of Business, 65 Mulberry St *Address* No 18 So Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38831

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 3 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Apr 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Richards

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, Dark

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, House Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 45 Druid Hill Ave

Cause of Death First, (Primary,) ovarian Tumors.

Second, (Immediate,) Asthenia

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April the 4 1880

Undertaker, John C. Jordan

Place of Business, No 63 Park Ave

F. E. Shatard M. D.
Medical Attendant.

Address, 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT APR 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida I Washington

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 10 *Months,* *Days.*

Color, Mulatto *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 48 Vine st

Cause of Death, {First (Primary,) Violent inflamation of left joint of knee

Second (Immediate,) ding to the same with Pneumonia

Duration of Last Sickness, Paid only one visit, but learn she was ill several days, probably a week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 3 1880

E Gover Co M. D.
Medical Attendant.

Undertaker, S M Chase

Place of Business, No 198 Howard St *Address* 289 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38833

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1st 9 o'clock P. M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alexander Shorter

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 38 *Years,* 3 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } N. E. Cor. Ryan St. & Darcom Alley

Cause of Death { First, (Primary,) ——— Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Shorb's Cemetery

Date of Burial, April 3 1880

Undertaker, S. W. Chase

Place of Business, 96 & 98 Howard St

Ernest Elderdice M. D.
Medical Attendant.

Address, N. E. Cor. Columbia Ave & Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Louisa Jackson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 11 *Years,* 5 *Months,* 20 *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Eutaw 114

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Level Cemetery

Date of Burial, March 9 1880

Undertaker, Williams Monroe

Place of Business, No 62 East Shat

E. G. Baldwin M. D.
Medical Attendant.

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38835

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne E Agnéss

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Paris - France -

Duration of Residence in the City of Baltimore, 13 Years.

Place of Death, {Give street and number.} St Vincents Hospital

Cause of Death, First (Primary,) Fatty Heart

Second (Immediate,) Pulmonary Congestion

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery Chas. F. Stuck, M. D.

Date of Burial, April 4th 1880 Medical Attendant.

Undertaker, Thos. V. Hughes

Place of Business, 60 E. Balto St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~May~~ April 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georje N. Hartley

Sex, Male or Female, {cross out the word not required in this line.}

Age, 58 *Years,* ~~*Months,*~~ 10 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Carpenter & Builder

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carroll County

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number} 457 Lexington St

Cause of Death First, (Primary,) Gastritis Scirrhus

Second, (Immediate,) Scirrhus Stomach

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 5th

Undertaker, J. B. Cook

Place of Business, 707 W. Balto

M. Hammond M. D.
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustus C Medairy Jr

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 12 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No. 168 Forest St.

Cause of Death First, (Primary,) Cardiac Disease

Second, (Immediate,) Pulmonary Apoplexy

Duration of last Sickness, Twelve hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Monday April 5th

Undertaker, George Shilling

Place of Business, Azimuth & Monument *Address,* .....

Wm. Whitridge M. D.
Medical Attendant.

HEALTH DEPARTMENT APR 1880 BALTIMORE.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 38838

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 3th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Mc Kaenthum

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 48 *Years,* — *Months,* — *Days.*

Color, white.

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, watch-maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } ~~Baltimore Md~~ Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and number } N. 298 Hanover St.

Cause of Death, First, (Primary,) Pulmonary Phthisis.

Second, (Immediate,) Asphyxia, Pneumothorax

Duration of last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Apr 4th 1880

Undertaker, C. F. Krause

Place of Business,

Henry Salzer M. D.
Medical Attendant.

Address, 163 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38839

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3rd ~~March~~ 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Kidd

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 39 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Gas-Fitter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt. md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 214 George St-

Cause of Death, First (Primary,) Phthysis Pulmonalis

Second (Immediate,) Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem.y

Date of Burial, April 5th 1880

Undertaker, Jos H Byrne

Place of Business, 57 Saratoga St

Thos S Latimer M.D.
Medical Attendant.

Address, 187 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38840

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4! 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Lewis Kramp.

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ~~Years~~, 4 *Months,* *Days.*

Color, White.

~~Married, Single~~, Widow or Widower, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, 4 mos

Place of Death, {Give street and number} 688 Balt. st.

Cause of Death, First, (Primary.) Meningitis.

Second, (Immediate,) Convulsions

Duration of last Sickness, Sick (6) days.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, April 5th

Undertaker, John Teufel

Place of Business, 196 Balto. St

H. L. Ulrich M. D.
Medical Attendant.

Address, 379 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fred. Eisle

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 1 *Years,* 11 *Months,* 21 *Days.*

Color, W.

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 342 Mc Henry

Cause of Death, First, (Primary.) Scarletina

Second, (Immediate,) Peritonitis

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 5th 1880

Louis D. Horn M. D.
Medical Attendant.

Undertaker, P Kimmel

Place of Business, 317 Mulberry St *Address,* 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38842

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3rd. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick L. Miller

~~*Sex*~~, *Male or* ~~*Female*~~, {cross out the word not required in this line.}

Age, 1 *Years.* 10 *Months,* ——— *Days.*

Color, White.

Married, Single, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Barber

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number} 50 Bruce St. E. D

Cause of Death {First, (Primary,) Consumption.
Second, (Immediate,) Exhaustion.

Duration of last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Conv

Date of Burial, Apl. 5th 80

Undertaker, Wm. Disney

Place of Business, 250 East ave

Chas. Lee M. D.
Medical Attendant.

Address, 8 Park Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 38843

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE MD. 1880

CERTIFICATE OF DEATH.

Date of Death, April 2d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Brooks

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, col

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} East 82

Cause of Death { First, (Primary,) / Second, (Immediate,) Pneumonia

Duration of last Sickness, 7 Seven days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 4th 1880

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, Theodore J. Locke

Place of Business, 73 Jefferson *Address,* 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 388444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART APR 4 1880 BALTIMOR

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Furlong

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 72 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, About 45 Years

Place of Death, {Give street and number} 38. Wilson st near Druid Hill Ave

Cause of Death { First, (Primary,) Pneumonia Typhoides and
Second, (Immediate,) Dilatation of the Heart.

Duration of last Sickness, 7 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 4. 1880

Undertaker, J. E. Hough

Place of Business, 319½ Penn Ave

A. Co. Fox M. D.
Medical Attendant.

Address, Cor Fayette & Schroeder Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cimetery

Date of Burial, April 4th 1880

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Ave. *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ne Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Hickman.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Eighty one *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life.

Place of Death, {Give street and number} No 79 Eden Street

Cause of Death, First, (Primary,) Pantususceptio (Pretended).

Second, (Immediate,) Inflammation of the bowels.

Duration of last Sickness, About four days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, April 5th 1880

Milton S Taylor M. D.
Medical Attendant.

Undertaker, Wm H. Hickman

Place of Business, 234 N Gay st. *Address,* Broadway & No Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 38847

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. F. Leitch

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 67 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co Md.

Duration of Residence in the City of Baltimore, 33 yrs.

Place of Death, {Give street and number} * 322 N. Eden St.

Cause of Death, First, (Primary.) Bright's disease of Kidneys

Second, (Immediate,) Pneumonia (Effusion)

Duration of last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, April 5th 1880

Geo. A. Nastman M. D.
Medical Attendant.

Undertaker, Wm H Hickman

Place of Business, 234 W Gay st

Address, * 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Hankin

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, col

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 2 Forest between Hall Mann alley & Dorsey

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,)

Duration of last Sickness, 11 weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury

Date of Burial, April 4th '80

E. C. Baldwin, M. D.
Medical Attendant.

Undertaker, Graham Wayman

Place of Business, 113 Saratoga St

Address, 124 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimor[illegible]

Permit No. 38849 OFFICE OF REGISTRAR OF VITAL STATIS[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1880

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Carroll

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 72 Oxford St.

Cause of Death First, (Primary,)

Second, (Immediate,) Tubercular Meningitis

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 5 1880

Undertaker, J. H. Base

Place of Business, No 198 Howard St

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38850

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Robinson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Forty Eight *Years,* ____ *Months,* ____ *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single.

Occupation, Labour.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number} 144 Peach Alley

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Asthenia

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 4 1880

Undertaker, L. McShane

Place of Business, No 198 Howard St

W. S. Booze M. D.
Medical Attendant.

Address, 206 Shark St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38851

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 2 - 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Frisby.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, black - *Sex,* male.

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Whitewasher.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, {Give street and number.} Morris Alley.

Cause of Death, First (Primary,) Pulmonary Tuberculosis.

Second (Immediate,)

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 4th 1880

Jas. G. McShain, M. D.
Medical Attendant.

Undertaker, W. W. Chase

Place of Business, 86 1/2 S. Howard St. *Address* Fayette & Pacific

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Birdie Plunkett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Eight *Years,* Seven *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, Three Years.

Place of Death, {Give street and number.} 42 E. Fayette st

Cause of Death, First (Primary,) Rheumatism of Heart

Second (Immediate,) ———

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 5th 1880

Undertaker, Thos S Hughes

Place of Business, 60 E Baltimore st

O. Shaeffer M. D.
Medical Attendant.

Address 138 N Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel H. Copenhaver

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Left

Place of Death, {Give street and number} 154 North Calhoun St

Cause of Death First, (Primary,) Defective heart Organization

Second, (Immediate,)

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, April 5th 1880

Undertaker, Denny & Mitchell

Place of Business, Calhoun Ave & Fa

D. P. Hoffman M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 3 " 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Henry Grove

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 10 Peach alley

Cause of Death First, (Primary,)

Second, (Immediate,) Brain trouble

Duration of last Sickness, 3. days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, April 5th 1880

James H Steuart M. D.

Undertaker, Hercules Ross

Place of Business, Conway St

Address, Comm of Health H Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by - I. V. Fitzpatrick

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38855

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Kohler

Sex, Male or Female, {cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria Prussia – 13 yrs in U.S.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 48 Castle St.

Cause of Death First, (Primary,) Recto-Vaginal Fistula

Second, (Immediate,) Asthenia

Duration of last Sickness, Not definately known

All the above information should be furnished by the Physician.

Place of Burial, St. Michael Cem.

Date of Burial, April 5th

Undertaker, Henry Simpler

Place of Business, 252 Canton Ave

J. Hollenberg, M. D.
Medical Attendant.

Address, 357 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia S. Singer

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 56 N Exeter St

Cause of Death { First, (Primary.) Chronic Rheumatism
Second, (Immediate.) Asthenia — 4 years

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 6th

Undertaker, Geo Schilling

Place of Business, Ashland & Lyon

David Powell M. D.
Medical Attendant.

Address, No 29 Augusta

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Addie P. Brooks

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 3 5 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 2340 E Madison

Cause of Death, First, (Primary,)

Second, (Immediate,) Malignant Scarlet Fever

Duration of last Sickness, 7 Days

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 5th 1880

Undertaker, Fay & Bro

Place of Business, Broadway Address, N 121 E Balto st

C. Ridgway Andre M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38858

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Hamilton

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 340 E Madison

Cause of Death { First, (Primary,) / Second, (Immediate,) Malignant Scarlet Fever

Duration of last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 5th 1880

Undertaker, Fry & Bonn

Place of Business,

E Ridgway Jr M. D.
Medical Attendant.

Address, 121 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38859

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Hearn

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ 5 *Months,* 21 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 40 Cohen's alley

Cause of Death { First, (Primary,) Second, (Immediate,) } Pneumonia 3 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, April 9th 1880

Undertaker, John C. Jordan

Place of Business, Park ave

James A Steuart M. D.
~~Medical Attendant~~

Address, Comm of Health & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Brown

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38860

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apl. 4. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William McCourt

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} E Falls St.

Cause of Death, First, (Primary,) Scarlatina Maligna

Second, (Immediate,) Diphtheritis. Croup

Duration of last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, April 5th 1880

Edward McSherry M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 63 Hanover

Address, 133 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Bridgeon

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundle Co. Md.

Duration of Residence in the City of Baltimore, 29 years.

Place of Death, {Give street and number} 79 Johnson St.

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Pneumonia

Duration of last Sickness, 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Park

Date of Burial, April 5th 1880

Undertaker, Smith & Son

Place of Business, 222 Fifth

P. J. McTall, M. D.
Medical Attendant.

Address, 152 Shirley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 38862

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Inez A. Frey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* 28 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 206 Lombard St

Cause of Death, First (Primary,) Tubercular Meningitis

Second-(Immediate,)

Duration of Last Sickness, 21 da

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 6th 1880

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St

Jno. H. Graham M. D.
H. S. Scharpe M. D.
Medical Attendant.

Address Dr cor Green & Mulberry

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38863

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Gunlock

Sex, Male or Female, {cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} " Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number} 25 Josephine

Cause of Death First, (Primary,) Bright's disease

Second, (Immediate,) Bright's disease

Duration of last Sickness, 4 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, April 6th 1880

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 170 Saratoga St

J. R. Morgan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Fiss

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, —— *Years,* 15 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 235 N Caroline St

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Pneumonia

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Ft Ogahensus Cemetery

Date of Burial, Apr 5, 1880

A L Shertzer ..... *M. D.*
Medical Attendant.

Undertaker, Henry Hueck

Place of Business, 301 Central Ave *Address,* 11 S Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38865

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 5 1880 BALTIMORE

Date of Death, April 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Jones

~~Sex, Male or Female,~~ {cross out the word not required in this line.} Male

Age, 11 *Years,* 3 *Months,* 18 *Days.*

Color, W only saw the case after Death

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 4 Cecil Av

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) Congestion

Duration of last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 5th

Undertaker, John H. Owens

Place of Business, 225 E. Eutaw St

W. W. Coburn *M. D.*
Medical Attendant,

Address, 335 N. Longwood

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. T. Ayres.

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, One *Years,* Nine *Months,* *Days.*

Color, Colored.

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 102 Shirley St.

Cause of Death, First, (Primary,) "Catarrhal Pneumonia"

Second, (Immediate,) Exhaustion

Duration of last Sickness, 12 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Apr 6th 1880

J. M. Shumberd M. D.
Medical Attendant.

Undertaker, Theodore G. Locke

Place of Business, 13 Jefferson St *Address,* 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 38867

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4 - 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leah Jones

Sex, Male or Female, {cross out the word not required in this line.}

Age, 80 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and number} 13 Orford St

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) Inanition

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 6th April 1880

Undertaker, Wm. J. Gray

Place of Business, Mulberry St

C. Winslow M. D.
Medical Attendant.

Address, 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3 " 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Hartman

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~~ *Years,* 2 *Months,* ~~~ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} S. Dallas St. below Lombard

Cause of Death { First, (Primary,) Convulsions
Second, (Immediate,)

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cy

Date of Burial, April 5th 1880

James A Steuart M. D.
~~Medical Attendant~~

Undertaker, W. Disque

Place of Business, S. Bond St

Address, County of Steuart Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

PM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by - Geo E Taylor

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 38869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 3d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Child of ~~Mary~~ Ann Earle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 6 hrs ~~Days.~~

Color,

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 6 hrs.

Place of Death, {Give street and number.} 36 Morris st.

Cause of Death, First (Primary,) Lack of vitality

Second (Immediate,) Cyanosis

Duration of Last Sickness, 6 hrs.

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, April 5th 1880

Undertaker, Wm. H. Burleigh Jr.

Place of Business, 20 Druid Hill Ave.

Eldridge C. Price M. D.
Medical Attendant.

Address 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38870

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, apr. 3. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy May Burleigh

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 0 *Days.*

Color, blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} "27" camel alley

Cause of Death First, (Primary,) Bronchitis

Second, (Immediate,) —

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, New Sharp St. Cemetery

Date of Burial, April 5th 1880

Undertaker, Wm. F. Bishop Jr.

Place of Business, 91 Druid Hill Ave.

G. L. Tarquhill M. D.
Medical Attendant.

Address, 129 W Biddle st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza Jane Liddeke

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female

Age, 94 *Years,* 1 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, Mother

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number. } 157 Madison

Cause of Death, { First (Primary,) Old age

Second (Immediate,) " "

Duration of Last Sickness, For months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 6th 80

W. H. Olmsonke M. D.
Medical Attendant.

{ *Undertaker,* R. Renwick Sons *Address* 146 Park Ave.
{ *Place of Business,* 92 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jos. Schwalle

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 129 N. Chapel St.

Cause of Death { First, (Primary,) Enteritis

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cemetery

Date of Burial, April 6th 1880

Undertaker, Thomas Sanders

Place of Business, 242 E. Fayette St.

J. H. Collenberg M. D.
Medical Attendant.

Address, 357 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38873

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Chronister

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 25 N. Eldon St.

Cause of Death First, (Primary,) Mal Nutrition

Second, (Immediate,)

Duration of last Sickness, 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 6th 1880

Undertaker, Thos L Hughes

Place of Business, 100 E ~~Pratt~~ Balto

J W Hoxck M. D.
Medical Attendant.

Address, 75 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} H. Henry Sanders

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 7 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} 9 Rich st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 9 Rich st

Cause of Death, {First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician

Place of Burial, Shiyrst Cemetery

Date of Burial, April 6 1880

J. D. Gilchrist M. D.
Medical Attendant.

Undertaker, William A. Dymore

Place of Business, 10 S. Eutaw

Address 219 N. Carey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED, WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antone Brendel.

Sex, Male or Female, {cross out the word not required in this line.} Male.

Age, 7. Days. *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 96. S. Castle St.

Cause of Death { First, (Primary,) Convulsions
Second, (Immediate,) .....

Duration of last Sickness, 7 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 6 1880

Undertaker, M. Frances

Place of Business, ...

R. G. Dorsch Pharmacy
Geo. M. Bierman M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4, 80

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliz W. Nichols

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 5. 9 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co.,

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number.} 522 S. Charles St

Cause of Death, {First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Anne Arundel Co. Md

Date of Burial, April 6. 1880

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

W. W. Eastman M. D.
Medical Attendant.

Address 84 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Death or Burial, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie R Jones.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* ..... *Months,* ..... *Days.*

Color, Black *Sex,* .....

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Spring St 113

Cause of Death, {First (Primary,) .....
{Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, Three Years.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery John A Schultz M. D.

Date of Burial, April 6th 1880 Medical Attendant.

{*Undertaker,* John W Locke Address 112 E Lexington Ave
{*Place of Business,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 6:30 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Emory Hiery

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Two *Years,* Six *Months,* Ten *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No. 82 S. Carey St.

Cause of Death, First, (Primary,) Inflammation of bowels

Second, (Immediate,)

Duration of last Sickness, Three (3) weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, April 6th 1880

Undertaker, Andrews & Hodges

Place of Business, No 486 Druid Hill Ave. *Address,* 1 E. So. Columbia Ave. & Pratt

Wm. H. Valentine M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 6 1880 BALTIMORE

Date of Death, April Mch 4. 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Albert Railey

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, about 28 *Years,* ..... *Months,* ..... *Days.*

Color, Bell *Sex,* male

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Lighterman.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Va

Duration of Residence in the City of Baltimore, a few yrs.

Place of Death, { Give street and number. } 67 Clay St

Cause of Death, First (Primary,) Injury of Chest & abdomen.

Second (Immediate,) Pneumonia Inf of Liver & Bowels

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Seminary

Date of Burial,

Undertaker, Mr. Wayman

Place of Business, # 13 Saratoga St

A. A. Kinsey M. D.
Medical Attendant.

Address 57 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 38880

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 6 1880 BALTIMORE

Date of Death, April 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Mathews Sadler

Sex, Male or Female, {cross out the word not required in this line.} Male Infant

Age, ____ *Years,* ____ 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number} 177 Forest St.

Cause of Death, First, (Primary,) Diarrhoea

Second, (Immediate,) Hydrocephaloid

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 6th

Undertaker, H. C. Middefield

Place of Business, 90 Guilmont St

J. A. Bowman M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Josephine Radigan

Sex, Male or Female, {cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 11 years.

Place of Death, {Give street and number} 37 Valley st.

Cause of Death { First, (Primary,) Phthisis Pulmonalis.
Second, (Immediate,)

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 6th

Undertaker, H C Wildefeld

Place of Business, 90 Gunther

Jno. Brooke Boyle M. D.
Medical Attendant.

Address, 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38882

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 6 1880 BALTIMORE

Date of Death, April 5th 1880

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Kline

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 68 *Years,* 2 *Months,* 21 *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} 175 Hanover St

Cause of Death, First, (Primary,)

Second, (Immediate,) Epitheliomas of the Uterus

Duration of last Sickness, 5 Years

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, April 6th 1880

Undertaker, Adam Fink

Place of Business, 461 N. Gay St.

Harrod Bro & Co M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr 5th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margt. Carroll

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 88 *Years,* *Months,* *Days.*

Color, White

~~Married, Single,~~ Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 33 years

Place of Death, { Give street and number } 80 N Fremont

Cause of Death { First, (Primary,) Old age / Second, (Immediate,) Asthenia / several months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, April 9th 1880

Undertaker, Jos. B. Carl

Place of Business, No 707 N Baltimore Street

F. Eckhard M. D.
Medical Attendant.

Address, 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38884

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th April 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Frances Dalton

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 28 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ridgeville Carroll Co Md

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number} N. W. Cor: Lombard & Schroeder Sts.

Cause of Death, First, (Primary,) ditto

Second, (Immediate,) Consumption of Lungs

Duration of last Sickness, ditto 15 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cem.

Date of Burial, April 7th 1880

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St

S. W. Littell, M. D.
Medical Attendant.

Address, 425 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. A Gunty

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Eighty Two *Years,* Three (3) *Months,* Seven (7) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Weaver

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany, 38 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 197 South

Cause of Death {First, (Primary,) Second, (Immediate,)} Cancer of face

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Ball° Cemety

Date of Burial, April 7

Undertaker, J Hohaffner

Place of Business, 340 Penna Ave *Address,* 233 Cath

Jno D Blake M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the remarks below and to the [illegible] on this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th. April 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ferdinand Hinzmann

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 18 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Reichenbach, Prussia, Germany

Duration of Residence in the City of Baltimore, 8 Days.

Place of Death, {Give street and number} S. Central Avenue

Cause of Death, First, (Primary.) Typhoid Fever 8 Days

Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem. *Date of Burial,* April 6th

Undertaker, H. Diffel *Place of Business,* S. Bond st. 151

William [redacted] M. D. Medical Attendant.

Address, S. Wolfe & Ms

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38887

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Perry Waymen Johnson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 5 *Days.*

Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 26. Jesse Street

Cause of Death, First, (Primary,) Weakness

Second, (Immediate,) Inanition

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St

Date of Burial, April 6th 1880

Undertaker, G. W. Chase

Place of Business, 198. S Howard

Thos A Steuart M. D.

~~Medical Examiner~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Geo E. Brown

[OVER.]

Permit No. 38888

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 6 1880 BALTIMORE

Date of Death, April 5th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} R. Fuller Wright.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male.

Age, 26 *Years,* 6 *Months,* 13 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single.

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 105 N. Front St.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Bakes Cemetery

Date of Burial, April 7th 1880

Undertaker, John Lake

Place of Business, 161 Balt. St

Jno. F. Powell. M.D.
Medical Attendant.

Address 227 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38889

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 6 1880 BALTIMORE

Date of Death, April 5th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Nelson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {~~Cross out the word not required in this line.~~}

Occupation, Mariner.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Sweden

Duration of Residence in the City of Baltimore, Ten years.

Place of Death, {Give street and number} 27 Thames St.,

Cause of Death {First, (Primary,) ; Second, (Immediate,)} Pneumonia.

Duration of last Sickness, Nine days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 1880

Undertaker, Leonard Starr

Place of Business, S. Broadway 227

Aug. H. Enick M. D.
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Speci[illegible]n of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38899

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Wadell

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 38 *Years,* ——— *Months,* ——— *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Labourer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Norfolk Va

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, { Give street and number } 19 N. Dallas St

Cause of Death, First, (Primary.) Traumatic Splenic inflammation and

Second, (Immediate,) ~~Cardiac Effusion~~ Pericarditis

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 6. 1880

Undertaker, S. H. Chase

Place of Business, 198 Howard st

D. D. Griffin M. D.
Medical Attendant.

Address, 13 Carlton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

[OVER.]

of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1920 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr 4. 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Mertz

Sex, Male or Female, {cross out the word not required in this line.} F

Age, 32 *Years,* 6 *Months,* *Days.*

Color, W

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number} 1 Hackshorn st

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 7th

Undertaker, F. X. Toll

Place of Business #131 Hanover St *Address,* Sharp near Lee St

L Schulze M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Edwards

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, ~~Years~~, 18 *Months,* 20 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 33 Smith St.

Cause of Death, First (Primary,) Pneumonia.

Second (Immediate,)

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, April 6th 1880

Undertaker, John T. Clough

Place of Business, 319 Penna Ave *Address.*

W. E. Wiegand M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38893

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4 April 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lucretia

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* 1 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Illegitimate

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Hydrocephaloid

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 7. 1880

Undertaker, Wm Brannigan

Place of Business, 154 Division St.

Marbury Brewer M. D.
Medical Attendant.

Address, 68 Mc Culloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38874

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5 April 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frances

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ Years, ____ Months, about 10 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Institution 8 days

Place of Death, { Give street and number } St. Vincents Infant Asylum

Cause of Death, { First, (Primary.) Asthenia

Second, (Immediate,) ____

Duration of last Sickness, Premature under 7 hrs - when received

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 8. 1880

Undertaker, Jon Brannigan

Place of Business, 53 Division St.

Mabury Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

J. B. BALLANTY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy D'Ormie Mainly

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 4 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U S A

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 46 McElderry St

Cause of Death First, (Primary,) Malignant Scarlet Fever

Second, (Immediate,) Exhaustion

Duration of last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 7th

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St

E. Ridgeway Hood M. D.
Medical Attendant.

Address, 121 E Bute St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38896

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 6 1880 BALTIMORE

Date of Death, April 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Davis

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 27 *Years,* ... *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, R. R. Brakesman

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt: Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 295 Hoffman

Cause of Death, First (Primary,) Compound, Comminuted Fracture (with laceration of both legs)

Second (Immediate,) Shock

Duration of Last Sickness, 2 Hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, April 7th 1880

Undertaker, Thos S Leigh

Place of Business, 60 E Balto

Thos S Latimer M.D.
Medical Attendant.

Address, 187 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jerome Digan

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 7 *Years,* 6 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 5 N. Paca St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, April 4th 1880

Undertaker, H. A. Daigen

Place of Business, 74 S. Broadway

Wm. H. Buckler M. D.
Medical Attendant.

Address, 5 N. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Brown

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 20 *Years,* 2 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 133 S. Chapel Street

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of last Sickness, Three.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem.

Date of Burial, April 7th 1880

James C. Thom M. D.
Medical Attendant.

Undertaker, McClarke & Sons

Place of Business, 64 E Balto St

Address, 133 S. Boundary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie G Hodgson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 63 Barnes St

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 63 Barnes St

Cause of Death First, (Primary,) Cold ... Pneumonia & Bronchitis

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, five 5 months

All the above information should be furnished by the Physician.

Place of Burial, Govanstown

Date of Burial, April 6th

Undertaker, Fig & Zeh

Place of Business, 574 N Broadway *Address,* 18 Druid Hill Ave

G W Gibson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38909

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Veronica Hall

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, Black

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 42 Cohen alley

Cause of Death { First, (Primary,) Premature birth Inanition
, { Second, (Immediate,) Exhaustion

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Apr. 5/80

Undertaker, H. Kirchner

Place of Business, 50 S. Carroll

E R W. Griffith M. D.
Medical Attendant.

Address, 64 N. Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38901

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth G. Williamson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Infancy

Place of Death, {Give street and number} 3 Trinity St.

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, April 6th 1880

S. V. Hook M. D.
Medical Attendant.

Undertaker, Jno. C. Byrne

Place of Business, 62 Hanover St *Address,* 95 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38902

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Ann Kraizer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* — *Months,* — *Days.*

Color, Mulatto

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Oyster Shucker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 112 Sterling Street

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Chronic Pneumonia

Duration of Last Sickness, about three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, April 6. 1880

Undertaker, Charles. a. White

Place of Business, 35 Granby St

J. A. Whiteford M. D.
Medical Attendant.

Address 195 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38903

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 5 1880 BALTIMORE

Date of Death, April 4th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Braune

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 59 *Years,* 4 *Months,* — *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Midwife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} No 114. Bolton St.

Cause of Death {First, (Primary,) Hypertrophy of the Heart and Valvular disease. Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 6th

Undertaker, H. Harle

Place of Business, No 411 Light Street

A. L. Buddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38904

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* / *Months,* 12 *Days.*

Color, Black *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 54 Adam St

Cause of Death, First (Primary,) Indigestion Lungs

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 7 1880

Undertaker, The I. Locke

Place of Business, ———

I. Ward Hill M. D.
Medical Attendant.

Address 466 E. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 8 1880 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha May Webster

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 350 Hollins St.

Cause of Death, First, (Primary,) Membranous Croup

Second, (Immediate,)

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laudon Park Cemetery

Date of Burial, April 8

John Neff M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 West Baltimore *Address,* 558 W. Lafayette Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38906

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 7 1880 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Morris

Sex, Male or Female, {cross out the word not required in this line.}

Age, One *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 81 S. Fremont St

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Diarrhoea

Duration of last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 7th 1880

Undertaker, John Thacher

Place of Business, Pace & Camden

Edward R. Ward M. D.
Medical Attendant.

Address, 242 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...of Disease on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday April 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Flannagan

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 5 *Years,* 3 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 69 E Monument St

Cause of Death, First, (Primary,) Scarlet fever

Second, (Immediate,) ____

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 7 1880

Undertaker, Geo. L. Robertson

Place of Business, Eastern Av

Wilmer Brinton M. D.
Medical Attendant.

Address, 25 1/2 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 38908

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 7 1890 BALTIMORE.

Date of Death, April 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Lynch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore. 20 Years

Place of Death, {Give street and number.} St Vincents Hospital

Cause of Death, First (Primary,) Septic Pneumonia

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician

Place of Burial, Holy Cross Cem.

Date of Burial, April 7th 1880

Henry Smith, M. D.
Medical Attendant.

Undertaker, H. A. Kershaw

Place of Business, ——— *Address* ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary & Charles Steward Parents

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* One *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 168 Mcelderry St

Cause of Death First, (Primary,) Premature Birth

Second, (Immediate,) Asthenia

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 7th 1880

Undertaker, C. A. White

Place of Business,

Thos A Steward M. D.

[redacted]

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by - Jos. P. Smith

...Name, Date and Cause of Disease on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38910

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 7 1890 BALTIMORE

Date of Death, Found dead Apr 6th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown (Simon Abrams)

Sex, Male or Female, {cross out the word not required in this line.}

Age, 49-2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number} Found in harbor between Locust Point & Curtis Bay

Cause of Death First, (Primary,) Drowning & means, & cause

Second, (Immediate,) Unknown & Drowning

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, April 6

Undertaker, Patrick Mullin

Place of Business,

Edmund Berdan M. D.

~~Medical Attendant.~~

Address, Coroners PD

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Singleton

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, About 50 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Porter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 28 years

Place of Death, {Give street and number} Barre St., Crossing of B. & O. R. R. Co

Residence 157 Ridgely St.

Cause of Death First, (Primary.)

Second, (Immediate,) Run over by the Cars & killed

Duration of last Sickness, Short

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, Apr 8th 1880

Undertaker, C. F. Krause N. W. Co

Place of Business, 201 Hanover *Address,* Hanover & Barre Sts

P. C. L22 M. D.

~~Medical Attendant~~ Coroner's D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ack of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jean Kraemer

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 67 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single,~~ ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, day laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 9 years

Place of Death, { Give street and number } Mc Coms Rufsel aw Gofs St.

Cause of Death, First, (Primary,) Pulmonary Phtisis.

Second, (Immediate,) General Debility.

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 7th

Chas Salzer M. D.
Medical Attendant.

Undertaker, Henry Barnes

Place of Business, Hanover St 81

Address, 163 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Permit No. 38913

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarena Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harbaughs Valley. Frederick Co. Md.

Duration of Residence in the City of Baltimore, true week

Place of Death, {Give street and number.} 168 Park St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, about five months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 9/1880

Undertaker, C. R. Emerson

Place of Business, No 924 Hanover

Saml H. Ideny M. D.
Medical Attendant.

Address 198 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 38914

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38914

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Apl 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Craig

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 45 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, House Keeper

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Ireland (20 yrs in U.S.

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number} St Josephs Hospital

Cause of Death, First, (Primary.) Ascites

Second, (Immediate,) Exhaustion

Duration of last Sickness, (No correct account obtained) 5wks in bed

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Apl 7 1880

Undertaker, John Theis

Place of Business, Monument Sq. near Caroline

Oscar J. Cox M. D.
Medical Attendant.

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BULLEY & CO. CITY PRINTERS AND STATIONERS. [07 42]

...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rilda Rigel

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 13½ Bank St

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, April 8th 8 o'clock P.M.

A. L. Shertzer *M. D.*
Medical Attendant.

Undertaker, John Brown

Place of Business, 158 E. Pratt St. *Address,* 11 S. 14th St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38916

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerese Mary Gill

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ——— *Years,* 6 *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, 6 Mo. & 11 days

Place of Death, {Give street and number.} 56 Sharp St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 6 Mo. & 11 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 8th 1880

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St

R. C. Lee M.D.
Medical Attendant.

N. W. cor
Address, Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie & Joseph Rissett (Parents)

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 5 Minutes *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 307 Cross St

Cause of Death First, (Primary,)

Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 7 1880

Undertaker, Julius Koehler

Place of Business, Sharp & Cross

John A. Clemm M. D.

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Examined by John E. Dunning

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1880 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, April 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Edwards

~~Sex~~, *Male* ~~or Female~~, {Cross out the words not required in this line.}

Age, 32 *Years,* ..... *Months,* ..... *Days*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Barber

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Newbern N C

Duration of Residence in the City of Baltimore, Six Years

Place of Death, {Give street and number.} 142 George St

Cause of Death, First (Primary,) Consumption

Second (Immediate,) .....

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, April 8th 1880

Undertaker, C. H. Bishop

Place of Business, Druid Hill Ave

W F Ross *M. D.*
Medical Attendant.

Address, 205 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Apl. 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Lotzer

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 22 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 196 E Madison St

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 8th

Undertaker, George Schilling

Place of Business,

H. T. Reynolds M.D.
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Horist

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 29 Years, ____ Months, ____ Days.

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, {Give street and number} City Hospital

Cause of Death, First, (Primary.) Consumption

Second, (Immediate,)

Duration of last Sickness, 6 mo.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetary

Date of Burial, 8th April 1880

J H Branham M. D.
Medical Attendant.

Undertaker, H W Jenkins & Son

Place of Business, 16 Light St.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 38921

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1880 BALTIMORE.

CERTIFICATE OF ~~DEATH.~~ BIRTH

Date of Death, April 6th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Graham Monro Lamberg

Sex, Male ~~or Female~~, { Cross out the words not required in this line. }

Age, ... *Years,* 8 *Months,* ..... *Days*

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City.

Duration of Residence in the City of Baltimore, All his life.

Place of Death, { Give street and number. } 77 Cathedral St

Cause of Death, { First (Primary,) Pertussis. / Second (Immediate,) Pneumonia.

Duration of Last Sickness, 4 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Louisville Ky.

Date of Burial,

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St.

John L. L. Rogers M.D.
Medical Attendant.

Address. City.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

1729 Fremont

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia G. Amos

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} F

Age, 79 *Years,* *Months,* *Days.*

Color, wht

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pa

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number} 7. Bolton St near Biddle

Cause of Death First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.t

Date of Burial, April 8th 1880

Undertaker, Andrews & Hodges

Place of Business, No 416 Druid Hill Ave

G Lane Tanyhill M. D.
Medical Attendant.

Address, 129 W Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} India Hamilton

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

...nplace, {State or country, (and how long in the United States, if of foreign birth.} U. S. A.

...ration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No 340 E Madison

Cause of Death { First, (Primary.) — / Second, (Immediate,) Malignant Scarlet Fever

Duration of last Sickness, 11 Days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 7th 1880

Undertaker, Fry & Bro

Place of Business, —

J. Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 7 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Hamilton

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U S A

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number} No 340 E Madison St

Cause of Death First, (Primary.)

Second, (Immediate,) Malignant Scarlet Fever-

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 7 1880

J Ridgway Andre M. D.
Medical Attendant.

Undertaker, Fry & Bro

Place of Business, Broadway *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38926

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6 - 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Weber

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 78 *Years,* 5 *Months,* 27 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 6 yrs (about)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 9 Furrow St

Cause of Death, First, (Primary,) Senility and Chronic Alcoholism

Second, (Immediate,) Exhaustion

Duration of last Sickness, — — — —

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 8th 1880

C. C. McDowell M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore *Address,* 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Belle Hamilton

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, One *Years* Six *Months,* 16 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 768 W. Baltimore St.

Cause of Death, { First (Primary,) Bronchitis
Second (Immediate,) Suffocation by copious secretion of mucus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 9th 1880

Wm. W. Murray *M. D.*
Medical Attendant.

{ *Undertaker,* H. M. Leonard & Co
{ *Place of Business,* 782 W. Baltimore st *Address* Fayette & Freemont Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Taylor Jackson

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... 2 ..... *Months,* ..... 3 ..... *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 189 E. Fayette St

Cause of Death { First, (Primary,) ..... / Second, (Immediate,) Capillary Bronchitis.

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 8 1880

{ *Undertaker,* Fry & Bro

{ *Place of Business,* Broadway

J. H. Hoeck M. D.
Medical Attendant.

Address, 95 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38928

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th April 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Winston Saunders

Sex, Male or Female, { cross out the word not required in this line. }

Age, (64) Sixty four *Years,* *Months,* 24 *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Civil Engineer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore city

Duration of Residence in the City of Baltimore, From birth

Place of Death, { Give street and number } No 55, Harlem av. Baltimore City

Cause of Death, First, (Primary,) Diabetis Mellitus.

Second, (Immediate,) Exhaustion from the effects of this disease

Duration of last Sickness, About Three (3) Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 9th April 1880

Wm C. Van Bibber M. D.
Medical Attendant.

Undertaker, H. W. Deutsch Son

Place of Business, 16 Light St

Address, 47 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7 - 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas H. Smith

Sex, Male or Female, { cross out the word not required in this line. }

Age, 5 *Years,* 11 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Annapolis Co - Virginia

Duration of Residence in the City of Baltimore, 9 wks -

Place of Death, { Give street and number } 951 W. Baltimore St -

Cause of Death { First, (Primary,) Scarlet Fever & Pneumonia

Second, (Immediate,) Exhaustion & Coma

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 8/80

W. A. B. Selman *M. D.*
Medical Attendant.

Undertaker, Fry Bro

Place of Business, 674 Broadway *Address,* 249 Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie V. John Wolfort

Sex, ~~Male~~ *Female,* { cross out the word not required in this line. } Parents

Age, ——— *Years,* ——— *Months,* 1/24 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } 9 n. Chestnut alley

Cause of Death { First, (Primary,) Premature Birth
Second, (Immediate,) asthenia

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 9th 1880

Undertaker, P. Kuhlmeier

Place of Business, 317 Mulberry

James A. Steuart M. D.
~~Medical Attendant.~~

Address, Commissioners of Health & Registrars

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by Geo E. Brown

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Found dead April 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 35 ? *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Unknown Germany ?

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number} Found in backbasin in rear of Tyson's Factory

Cause of Death { First, (Primary,) Accidental
Second, (Immediate,) Drowning probably (Jury Verdict)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, C. P. Cemetery

Date of Burial, April 7

Undertaker, Patrick Mullin

Place of Business,

Edmund R Walker M. D.
Medical Attendant.

Address, Corner M & D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Heath

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 58 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Grain Measurer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Nearly all of his life

Place of Death, {Give street and number} #90 East St

Cause of Death { First, (Primary,) ... Second, (Immediate,) General debility & nervous prostration

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Asbury E. Cemetery

Date of Burial, April 9 1880

Undertaker, S. H. Chase

Place of Business, 195 S Howard St

Geo. H. Grayson M. D.
Medical Attendant.

Address, 18 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...spection of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38933

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday April 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Tyeon

Sex, Male or Female, {cross out the word not required in this line.}

Age, 40 *Years,* 3 *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and number} 260 Raborg St.

Cause of Death { First, (Primary,) Pulmonary Phthisis
Second, (Immediate,)

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 8th 1880

Undertaker, J W Chase

Place of Business, 1783 Hanover St

J Dimmitt Harris M. D.
Medical Attendant.

Address, *552 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 8 1880
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Koehrer

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 50 *Years,* ..... *Months,* ..... *Days.*

Color, whit

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 ms.

Place of Death, {Give street and number} 244 East av.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Mathew Cem

Date of Burial, April 8

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av

H. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Certificate of Death on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th 7 A.M. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Dukehart

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} 94 Albemarle

Cause of Death, First, (Primary.) Indigestion

Second, (Immediate.) ____

Duration of last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 9th 1880

Undertaker, Peter Frey

Place of Business, 91 Eutaw St

Chas E Donnelle M. D.
Medical Attendant.

Address, 299 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 38936

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Roeder

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} #86 Lancaster St

Cause of Death, First, (Primary.) Internal convulsions

Second, (Immediate,)

Duration of last Sickness, A few hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 9

John A. Rehberger, M. D.
Medical Attendant.

Undertaker, Ecumenical Dispatch

Place of Business, Bond St. 157 | *Address,* #243 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38937

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT APR 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Garrett.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give street and number} S/E. Monument & Ch.

Cause of Death, First, (Primary.) Scarlet fever & Diphtheria.

Second, (Immediate.) Diphtheritic Croup.

Duration of last Sickness, 24 Days

All the above information should be furnished by the Physician.

Place of Burial, St Marys Govans

Date of Burial, April 8th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Guilford Ave

Town Edward J. McCoole M. D.
Medical Attendant.

Address, 133 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38938

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Gareth.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give street and number} 57 E. Monument St.

Cause of Death, First, (Primary,) Scarlet Fever & Diphtheria

Second, (Immediate,) Croup Diphtheria

Duration of last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Gorsuchtown

Date of Burial, April 8 th

Undertaker, H. C. Windefeld

Place of Business, 90 Greenmount ave.

Edward P. McSorley M. D.
Medical Attendant.

Address, 133 E Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Frank.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 53 — *Years,* three *Months,* 3 — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Russia Germany

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give street and number} 39 Steiners Alley 4th

Cause of Death { First, (Primary,) Ulceration of the Bowels

, { Second, (Immediate,) 5th

Duration of last Sickness, about four months

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cemetery

Date of Burial, 8th of April 1880

Undertaker, Henry Hofmann

Place of Business, 63 E. Eden St.

G. A. Dohme M. D.
Medical Attendant.

Address, 8 E. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

...respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Randall

~~Sex, Male or Female,~~ { cross out the word not required in this line. }

Age, 20 *Years,* *Months,* *Days.*

Color, white

~~Married, Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Sailmaker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 1 1/2 yrs

Place of Death, { Give street and number } 16 E Baltimore St

Cause of Death { First, (Primary.) Heart Disease (And Insufficiency) / Second, (Immediate.) Dropsy Exhaustion

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Bell Cemetery

Date of Burial, April 9 1880

Undertaker, B. Hart

Place of Business,

L H Ellis *M. D.*
Medical Attendant.

Address, 315 Fifth St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Claasp

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 75 *Years,* — *Months,* — *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany — 33 years

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number} 21 & Sterling St

Cause of Death { First, (Primary,) — Second, (Immediate,) Old age

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 8 1880

James H Simms M. D.
~~Medical Attendant.~~

Undertaker, A. Feik

Place of Business, —

Address, Comm of Health
Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by J. H. Smith

[OVER.]

No. 38942

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38942

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apl 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Stonebreaker

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 41 *Years,* ____ *Months,* ____ *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prince Georges Md.

Duration of Residence in the City of Baltimore, 2 Yrs

Place of Death, {Give street and number} St Josephs Hospital

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem'y

Date of Burial, Apl 9

Undertaker, [illegible]

Place of Business, [illegible]

Odem J. Lockard M. D.
Medical Attendant.

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38943

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. Mason

Sex, Male ~~Female~~, {cross out the word not required in this line.}

Age, ~~~ *Years,* 1 *Months,* 26 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 8 Hollins alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Sharps St Cemet

Date of Burial, April 8 1880

Undertaker, W. H. Bishop Jr

Place of Business, Druid Hill ave

Thos F Stevens M. D.

~~Attending~~ Consulting Physician,

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38944

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38944

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Deidrick Weber

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* 2 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~

Occupation, ~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bremen Germany

Duration of Residence in the City of Baltimore, Arrived from Bremen April 28th 80

Place of Death, { Give street and number } 11 Albemarle

Cause of Death, First, (Primary.) Acute Necrosis - Cause unknown

Second, (Immediate,)

Duration of last Sickness, about 24 hours

All the above Information should be furnished by the Physician.

Place of Burial, Mayer Hendrick's Lot Fell's Point Burying Ground

Date of Burial, April 8th 80

Undertaker, Chas. J. Bagley

Place of Business, 45 ½ Bank St

D. M. Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 38945

Board of Health, City of Baltimore,

Permit No. 38945

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Schmidt.

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 20 *Years,* 5 *Months,* 14 *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Salesman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } N. 76 S. Eutaw

Cause of Death, { First, (Primary,) Pulmonary Phthisis. / Second, (Immediate,) Gen'l Cachexia

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, April 9th

Undertaker, Geo. Lauder

Place of Business, 252 Eastern Av.

Wm Salzer M. D.
Medical Attendant.

Address, 161 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38946

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7th April 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence Cooney.

Sex, Male or Female, {cross out the word not required in this line.}

Age, Seventy four 74 *Years,* ..... *Months,* ..... *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, about Forty four (44) Years.

Place of Death, {Give street and number} No 335 Mulberry St.

Cause of Death, First, (Primary,) Malignant ulceration of Bladder.

Second, (Immediate,) Ex Lassitude.

Duration of last Sickness, about one year.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, April 9

Undertaker, Jas McShane & Co

Place of Business, 227 Mulberry St

Wm C Mc Cann Md M. D.
Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38947

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 6 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia Shinkens

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 75 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 42 years.

Place of Death, { Give street and number } 47 Holland.

Cause of Death, { First, (Primary.) Apoplexia, with Hemiplegia of left side
Second, (Immediate.)

Duration of last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Co Con Ground

Date of Burial, Apr. 9. 1880

Undertaker, D. Rosenig

Place of Business, 97 Orleans

Edward R Miller M. D.
Medical Attendant.

Address, 1334 Eastern ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0741.]

Physicians are respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38948

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fr. Howard Coates

HEALTH DEPARTMENT APR 8 1880 BALTIMORE

Sex, Male or Female, {cross out the word not required in this line.}

Age, 7 *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 45 Hill St

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Acute Bright's disease of the Kidneys & its Complications

Duration of last Sickness, 3½ days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 9 1880

Undertaker, Armstrong & Sons

Place of Business, 213 Light St.

Gibson Peake M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[over]

No. 38949

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38949

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charlotte Hutchinson

Sex, Male or Female, { cross out the word not required in this line. }

Age, 45 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Laundress

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 44 Linn st

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Paralysis of Heart, Sudden death.

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 9th 1880

Chas Lyle Coroner M. D.
Medical Attendant.

Undertaker, W. H. Gray

Place of Business, 65 Mulberry

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38957

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Minnie A Pilman

Sex, Male or Female, { cross out the word not required in this line. }

Age, 1 *Years,* 6 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } #1 Odem Row

Cause of Death { First, (Primary.) ..... Second, (Immediate.) } Consumption Six Months

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 9

Undertaker, Hercules Ross

Place of Business 96 Conway St.

B. F. Phillips M. D.
Medical Attendant.

Address, 319 W Lombard St

HEALTH DEPARTMENT APR 9 1889 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38951

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gerhardt Weilage

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 73 Years, 6 Months, ____ Days.

Color, white

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sexton of the Church

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} No 62 Gay St

Cause of Death, First, (Primary,) Carcinoma rectris

Second, (Immediate,) cachexia

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Bal Cemetery

Date of Burial, April 9 1880

Undertaker, H. Meyer 106 Edmondson st

Place of Business, 62 N Gay st.

Henry Meyer M. D.
Medical Attendant.

Address, 65 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April the 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edie Beneski

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Baltimore

Duration of Residence in the City of Baltimore, During her life time

Place of Death, {Give street and number.} 130 N. Broadway

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate.)}

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Fells Point Hebrew Friendship Congregation Cemetery

Date of Burial, April 9th

Undertaker, George Schilling

Place of Business, Ashland & Lynn

Drs. Arnold & Aronsohn M.D.

Medical Attendant.

Address 254 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 38953

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38953

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death; April 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Case

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 5 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X Y

Occupation, X X X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} E. Monument near Chester {without Number

Cause of Death, First, (Primary.) Scarlatina Maligna

Second, (Immediate.)

Duration of last Sickness, 13 Days,

All the above information should be furnished by the Physician.

Place of Burial, Bello Cemetery

Date of Burial, April 9th 1880

Undertaker, Fry & Brown

Place of Business, ...

Simon E. Smith M. D.
Medical Attendant.

Address, 29 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38954

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Newman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* 4 *Months,* 14 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, U. S. Soldier since which time about 4 years disabled

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, about 26 years

Place of Death, {Give street and number.} No 46 Sarah Ann st Baltimore Md

Cause of Death, First (Primary,) Shot from an Indian arrow in left side

Second (Immediate,) Consumption & Hoemopthysis

Duration of Last Sickness, about 4 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 10 1880

Undertaker, J W Chase

Place of Business, 198 Hanover st

Jno. L. Fuller M. D.

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 38955

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38955

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. Snowden

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 202 Hanover St

Cause of Death, First, (Primary,)

Second, (Immediate,) Erysipelas

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 9 80

Undertaker, J W Chase

Place of Business, 198 Hanover St

Howard Cotton M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 88956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1890 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gracie Bell Williams

Sex, Male or Female, {cross out the word not required in this line.} —

Age, — *Years,* 1 *Months,* 14 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No. 12 Walsh St

Cause of Death { First, (Primary.) General diffused Erysipelas
, { Second, (Immediate.) Exhaustion

Duration of last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial April 9 90

{ *Undertaker,* J W Chase
{ *Place of Business,* 19 N Howard St

Dr Hammond Smith M. D.
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8. 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Brill

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Eighteen *Years,* Two *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Student at Navigation & Station[illegible]

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Fredericksburg Virginia

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give street and number} 190 W. Pratt st

Cause of Death, First, (Primary,) Intermittent fever

Second, (Immediate,) Epilepsy

Duration of last Sickness, One week, & was called Carriage

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 9/80

Undertaker, J. S. Rulus

Place of Business, 66 Fredrick Ave

Wm A. Hood M. D.
Medical Attendant.

Address, ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38958

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38958

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 9
1880
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 8, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Ellen Buck

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 26 *Years,* 11 *Months,* 1 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hampstead Carroll Co Md

Duration of Residence in the City of Baltimore, 5 yrs.

Place of Death, {Give street and number} 77 S. Mount St.

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Middletown Md

Date of Burial, April 11th 1880

Undertaker, J. H. Leonard & Sons

Place of Business, 782 W. Baltimore

E. P. Keller M. D.
Medical Attendant.

Address, 85 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1934 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Huber

Sex, Male or Female, {cross out the word not required in this line.} M

Age, ——— *Years,* ——— *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 3 Marshall ave

Cause of Death, First, (Primary.)

Second, (Immediate,) Infantile Lockjaw

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 11th

Frederick Cook M. D.
Medical Attendant.

Undertaker, B. Harle

Place of Business, 411 Light St

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38960

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 38960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A Brown

Sex, Male or Female, {cross out the word not required in this line.}

Age, 57 ***Years,*** 11 ***Months,*** ***Days.***

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} N. Gilmor 1 d. n. of Lanvale

Cause of Death, First, (Primary,) Neurasthenia

Second, (Immediate,) Exhaustion

Duration of last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Apr 10th 1880

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

Thos R Quinan ***M. D.***
Medical Attendant.

Address, 680 W Fay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 38961

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8 "1880

Full Names of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fannie F. Corsen

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 30 *Years,* 2 *Months,* 5 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 168 Hanover St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Hemoptysis

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 11th 1880

Thos Lord & M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 38962

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac J Williams

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Engineer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U S A

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number} 1175 E Pratt St Baltimore

Cause of Death, First, (Primary,) —

Second, (Immediate,) Consumption of the Lungs

Duration of last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, Sunday April 11 1880

Undertaker, E Lee

Place of Business, 114 & 116 Bank St

J Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore,

Permit No. 38963

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*

The Permit Must be Obtained [illegible] *Prior to the Passage of the* [illegible]

CERTIFICATE OF DEATH.

Date of Death, April 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Fred. Wm. Schmidt

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~~ *Years,* 6 *Months,* 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany — 1 one day

Duration of Residence in the City of Baltimore, a few hours

Place of Death, {Give street and number} on Stu a Whpn Locust St

Cause of Death {First, (Primary,)

{Second, (Immediate,) Marasmus

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cem'y

Date of Burial, April 9th 1880

Undertaker, Henry Sander

Place of Business, 252 Canton ave

Thos. H. Kleinschmidt M. D.

~~Medical Attendant.~~

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 9 / 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 9 1880—

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Heseker—

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore—

Duration of Residence in the City of Baltimore, as above—

Place of Death, {Give street and number.} 53 Granby—

Cause of Death, First (Primary,) marasmus—

Second (Immediate,) Exhaustion.

Duration of Last Sickness, about a year—

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 9th 1880

Undertaker, H. Fruchtlich

Place of Business, 246 Eastern av

B. F. Gross M.D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. V. Resnick

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 8 *Years,* 2 *Months,* 28 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} 94 N. Gilmore St

Cause of Death { First, (Primary,) (1) "Phthisis Pulmonalis"
, Second, (Immediate,)

Duration of last Sickness, [redacted]

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, April 10th 1880

[redacted] M. D.
Medical Attendant.

Undertaker, Thos V. Hughes

Place of Business, 61 E. Baltimore St *Address,* 584 W. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 38966

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

EXAMINED APR 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny McCabe

Sex, Male or Female, {cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 102 Grace st

Cause of Death, First, (Primary.) Whooping Cough

Second, (Immediate.)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Friends burying ground Harford Road

Date of Burial, April 10th 1880

Undertaker, Wm J. McElwee

Place of Business, 65 S. Eutaw *Address,* Lexington & Eutaw

Baltimore M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Pollack

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 61 *Years,* ..... *Months,* ..... *Days.*

Color, White —

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number} 114 N. Exeter St.

Cause of Death First, (Primary.) Brain disease.

Second, (Immediate,) Hemiplegia - Fever, delirium

Duration of last Sickness, 11 months.

All the above information should be furnished by the Physician.

Place of Burial, Eden St. Hebrew Cem

Date of Burial, April 11th 1880 Thomas Turnbull M. D.

Medical Attendant.

Undertaker, Wm. Edes

Place of Business, 19 Gough St. *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 8 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac. Adler

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 24 *Years,* —— *Months,* —— *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single.

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 118 N. Pinyette St.

Cause of Death, First, (Primary,) Peritonitis

Second, (Immediate,) Six days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Hebrew Cem

Date of Burial, April 11th 1880

Abram B Arnold M. D.
Medical Attendant.

Undertaker, Wm Eilau

Place of Business, 101 Gough St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 38969

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 9/80

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie May Golden

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 0 *~~Months~~,* 1 *Days.*

Color, White

~~Married, Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, 2 Years.

Place of Death, {Give street and number} 147 N. Dely St.

Cause of Death, First, (Primary.) Membranous Croup.

Second, (Immediate,)

Duration of last Sickness, Two (2) Days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, April 11, 1880

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

H. L. Speir M. D.
Medical Attendant.

Address, 879 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 38970

Board of Health, City of Baltimore,

Permit No. 38970

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 10 1880 BALTIMORE

Date of Death, April 10. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Mary Bayer

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 8 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} # 307 N. Edw. St.

Cause of Death, First, (Primary,) Interpet Brain (Idiot)

Second, (Immediate,) Pelvic Pneumonia

Duration of last Sickness, about 1 week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, April 12 1880

Undertaker, Henry Keech

Place of Business, 309 N. Central Ave

Geo. A. Hartman M. D.
Medical Attendant.

Address, # 305 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. VALIANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38971

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 10 1880 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 10th April 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathilde Knische

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 8 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and number} Captain robt Mc.

Cause of Death, First, (Primary.) Hydrocephalus chronicus

Second, (Immediate,) Cerebro Cerebral Congestion

Duration of last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemtry

Date of Burial, April 11th

Undertaker, H. Frechlich

Place of Business, 246 Eastern Av

William Kenkel M. D.
Medical Attendant.

Address, S. Bethel Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 38972

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday Morning April 10th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Male infant Child of Chas. & Jane Kutteridge

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* ____ *Months,* 1½ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 208 Forrest St

Cause of Death, First, (Primary,) Lack of Development owing to Premature Birth "

Second, (Immediate,) ____

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 10th

Wilmer Boston M. D.
Medical Attendant.

Undertaker, Geo McShane

Place of Business, 193 Eutaw St. *Address,* 25 & Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38973

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38973

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gleason

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* 2 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Infant

Place of Death, {Give street and number} 65 Oxford St

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate,)

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, April 10 1880

W. H. Fortune M. D.
Medical Attendant.

Undertaker, Wm. H. Pinkard Co

Place of Business, 94 Druid Hill Ave *Address,* 192 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38974

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael Ann Percilla Smith

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 11 *Days.*

Color, colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and number} Shields Alley near Lawrence St.

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 10th 1880

Undertaker, Wm H. Bishop Jr.

Place of Business, 97 Druid Hill Ave.

F. P. Keller M. D.
Medical Attendant.

Address, 85 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 38975

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Fülger

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 160. S Register St

Cause of Death First, (Primary,) Interstat Development

Second, (Immediate,) Marasmus

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

L C Dohme M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willig Henry Herman

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ 8 *Months,* ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 215 Pierce St

Cause of Death First, (Primary,) Convulsions

Second, (Immediate,) Convulsions

Duration of last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 12 1880

James A Steuart M. D.

Undertaker, P. Kummert

Place of Business, Mulberry St *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Brown

No. 38977

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edmond L. Foyle

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 10 *Years,* 3 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 324 Orleans Street

Cause of Death, First, (Primary.) Congestive Scarlet Fever

Second, (Immediate.)

Duration of last Sickness, 2 Days. Was Scarlet Fever in house two weeks ago. They recovered.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Apr 10th 1880

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

Samuel E. Lemmon M. D.
Medical Attendant.

Address, 229 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38978

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Rowland

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 63 *Years,* ____ *Months,* ____ *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, House Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number} 144 Hillen

Cause of Death, First, (Primary.) Cancer of Lower Jaw

Second, (Immediate,) Exhaustion

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 10th 1880

Undertaker, James P Byrne

Place of Business, 1103 Front

Geo E Reynolds M. D.
Medical Attendant.

Address, 43 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 38979

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 9. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anton Raabe

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 36 *Years,* 4 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cigar maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} # 261 E. Chase St

Cause of Death, First, (Primary.) Abscess Pectoral Wall

Second, (Immediate.) Meningitis

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, April 11th 80

Geo. A. Hartman M. D.
Medical Attendant.

Undertaker, George Schilling

Place of Business, Ashland Lyons *Address,* 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38980

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia K. Wilson

Sex, Male or Female, {erase out the word not required in this line.} Female

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 156 Hanover

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Effusion in brain

Duration of last Sickness, about 2 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 10th

Undertaker, Geo. Schilling

Place of Business, 151 Ashland Square

M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

No. 38981

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 38981

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stanislaus Kosiwoski

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ 6 *Months,* ____ *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, One week

Place of Death, {Give street and number} 3 Shakespeare St

Cause of Death, First, (Primary,) Chronic diarrhoea

Second, (Immediate,)

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cem'y

Date of Burial, April 11 1880

John H. Rehberger M. D.
Medical Attendant.

Undertaker, John Kosciwaski

Place of Business, 3. Shakspear St

Address, # 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

No. 38982

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mace Carbury Jr

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* 15 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 13 Hamilton St

Cause of Death First, (Primary,) Scrofula ~~Consumption~~

Second, (Immediate,)

Duration of last Sickness, about 6 months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, April 11. 1880

Undertaker, Charles A White

Place of Business, 30 Granby St

R Moreland M. D.
Medical Attendant.

Address, 201 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Bradford

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.} Female

Age, 1 *Years,* 9 *Months,* ~~28~~ 19 *Days*

Color, Black

~~Married~~ *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} # 27 Douglas St

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, April 11. 1880

Undertaker, Charles a White

Place of Business, 35 Granby st

James J Belt M.D.
Medical Attendant.

Address, # 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 38984

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38984

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily J. Lauder

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 40 *Years,* 8 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 40

Place of Death, {Give street and number} No 40 E. Biddle St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 1 Year & 4 months

All the above information should be furnished by the Physician.

Place of Burial, Patterson Cemetery

Date of Burial, April 11

Undertaker, C. A. Buzzer

Place of Business, 191 E. Fayette

G. H. Taylor M. D.
Medical Attendant.

Address, 222 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[over.]

...of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38985

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna L. Kelly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* 2 *Months,* 4 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 2 months (this time)

Place of Death, {Give street and number.} No 2 Aliceanna St.

Cause of Death, First (Primary,) Gastritis resulting from drinking 2 Soapsuds

Second (Immediate,) Exhaustion

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, York P.A.

Date of Burial, April 11th 1880

Undertaker, S M Leonards son

Place of Business, 782 West Baltimore Address 270 N. Charles St.

Wm Green M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Corouor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

1734 Main

[OVER.

No. 38986

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne J. Dock

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 45 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} Union Protestant Infirmary

Cause of Death { First, (Primary,) Heart Disease
, { Second, (Immediate,) Dropsy

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 11th 1880

Chas Fawcett *M. D.*
Medical Attendant.

Undertaker, John Roberts

Place of Business, 319 E Penna Ave *Address,* 92 Robert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Alig

HEALTH DEPARTMENT APR 10 1880 BALTIMORE

Sex, Male or Female, {cross out the word not required in this line.} f

Age, 73 *Years,* 2 *Months,* 8 *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 12 years

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 19 S. Castle St

Cause of Death First, (Primary,) old age

Second, (Immediate,) debility

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, April 12 1880

Undertaker, M. France

Place of Business,

James H Carey M. D.

~~Medical Attendant~~

Address, Comm of Health H Regulator

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Examined by Geo E. Taylor

No. 38988

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10 - 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margareth Schissler

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 81 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 85 Somerset st.

Cause of Death First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Johnsus Cemetry

Date of Burial, April 12, 1880

Undertaker, Henry Hauck

Place of Business, 309 Central Ave

D. L. Dauch, M. D.
Medical Attendant.

Address, 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 38989

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Andrew Reynolds

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, Four (4) *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 720. East Chase St

Cause of Death. First, (Primary) Laryngitis Croupous

Second, (Immediate.) Asphyxia

Duration of Last Sickness, Four (4) Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Co

Date of Burial, April 12, 1880

Undertaker, Henry Hoeck

Place of Business, 389 Central Ave

F. F. Below M.D.,
Medical Attendant.

Address, S.E. Cor Eager & Caroline Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in [illegible] City, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38990

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Gray Wonderly.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 426 E. Eager St.

Cause of Death, First (Primary,) Spasmodic Laryngitis.

Second (Immediate,) Convulsions.

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 12th

Undertaker, Geo. Schilling

Place of Business, Ashland & Lynn

L. C. Gordon, M. D.
Medical Attendant.

Address 311 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 38991

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38991

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th '80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caleb Thomas Linthicum

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 17 *Years,* *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 22 N. Front St.

Cause of Death First, (Primary,) Congestion of Brain

Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial New Cathedral Cem.

Date of Burial, April 12th 1880

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

John B. Hamrick M. D.
Medical Attendant.

Address, S. W. Cor Colvin & Read Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38992

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 38992

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 11 1890 BALTIMORE.

Date of Death, April 10th, 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Weidenhaun

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ 18 *Months,* ____ *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Richmond, Virginia,

Duration of Residence in the City of Baltimore, One month.

Place of Death, {Give street and number} # 196 S. Bethel St

Cause of Death, First, (Primary,) Pneumonia complicated by

Second, (Immediate,) Convulsions.

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Apr. 12th '90

Undertaker, Jno Evans

Place of Business, 220 Eastern Ave

John H. Rehberger M. D.
Medical Attendant.

Address, # 134 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38993

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Lorman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Sixty six *Years,* m *Months,* m *Days.*

Color, White

Married, ~~Single,~~ Widow or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, m

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, m

Place of Death, {Give street and number} 28 S Charles

Cause of Death {First, (Primary.) Cancer - (Ostio-Sarcoma)
Second, (Immediate,) involving left nasal & orbital region

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, April 12th 1880

Undertaker, Lemmy & Mitchell

Place of Business, 65 S Broadway

F. C. Inderwick M. D.
Medical Attendant.

Address, 95 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Duke

HEALTH DEPARTMENT APR 11 1880 BALTIMORE

Sex, Male or Female, {cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 154 Harford Ave.

Cause of Death { First, (Primary,) Diptheria
Second, (Immediate,) 3 days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Marys Govans Town

Date of Burial, April 11th

Jno. Brooke Boyle M. D.
Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Av. *Address,* 116 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 38995

...of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Mc Johnson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 9 *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 340 Mc Elderry St.

Cause of Death { First, (Primary,) Trismus Nascentium
Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, April 12th 188

Undertaker, Wm Frey & Bro

Place of Business, Broadway

J. Thos. H. Steiner M. D.
Medical Attendant,
Comm. of Health

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Examined by Geo. E. Taylor

...ction, how to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 38996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Ellen Campbell

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Sixty two Years, Months, Days.

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Twenty Years (Below)

Place of Death, { Give street and number. } 20 Laybek St

Cause of Death, { First (Primary,) Organic Disease of Heart
Second (Immediate,) General Dropsy

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetri.

Date of Burial, April 12. 80

{ *Undertaker,* B. Hook.
Place of Business, 111 Light St.

Medical Attendant, Luling Hall M. D.
Southern Dispensary

Address 77 Hillen St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condltion (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Regulations Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3897

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 12 1890 BALTIMORE

Date of Death, 11th of April

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Smith

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 f *Years,* [redacted] *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Loudoun Co Va

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} Maryland Womans Hospital No 57 Saratoga

Cause of Death { First, (Primary,) Meningitis
Second, (Immediate,)

Duration of last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Country

Date of Burial, April 12th

Undertaker, Muth & Fields

Place of Business, 60 Carrollton Ave

C. Eugene Riggs M. D.
Medical Attendant.

Address, Maryland Womans Hospital No 57 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital St[redacted] the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respec... Marks Below, and to List of Diseases on Back of this Certificate.

No. 38998

Board of Health, City of Baltimore,

Permit No. 38998

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 12 1880 BALTIMORE

Date of Death, 10 April 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna S. Sickel

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 23 *Years,* *Months,* 6 *Days.*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 83 Aisquith Street

Cause of Death First, (Primary,) Laryngeal phthisis.

Second, (Immediate,) Asthenia

Duration of last Sickness, about One year

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, April 13th 80

Undertaker, Chas S. Bartlett

Place of Business, 62 W. Balt St

Marbury Brewer M. D.

Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 38999

The Special Attention of Physicians is Respectfully ... the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 38999

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy F Cole

Sex, Male or Female, {cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick City

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give street and number} 191 Mulberry st.

Cause of Death, First, (Primary.)

Second, (Immediate,) Suffocated by fire, and burns accidental

Duration of last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Government Cem

Date of Burial, April 12th 1880

Undertaker, H L Schaefer

Place of Business, 194 E Fremont

Geo C Ash Coroner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...of Diseases on back of this Certificate.

...Health, City of Baltimore,

Permit No. 39000

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Seidenzahl

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* Four (4) *Months,* Twenty Seven (27) *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Gould City Iowa Born

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 168 Miller Street

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate.) Asphyxia

Duration of Last Sickness, Hours (3) Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, April 13th 1880.

Undertaker, H. Hofmann

Place of Business, 631 N. Eden St.

Fr Stein M.D.
Medical Attendant.

Address Cor Eden and Caroline Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 39101

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ut, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1888 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday April 11th 1888

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Henry Bratton

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* 16 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 308 Raburg St

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Pneumonia 7 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, April 12

Undertaker, W. H. Dunyee

Place of Business, East St

Dimmitt Norris M. D.
Medical Attendant.

Address, # 352 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to urnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ing forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per on deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. Charles C. Meiser

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Thirty *Years,* *Months,* Seventeen *Days.*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Book Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No. 504 East Fayette St.

Cause of Death, First, (Primary,) ....

Second, (Immediate,) Consumption

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 12 1880

Wm H Cludius, M. D.
Medical Attendant.

Undertaker, M. A. Dayer

Place of Business, 74 S. Broadway

Address, No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 39003

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39003

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10/80

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Connolly

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* 25 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 18 Liberty-alley

Cause of Death, First, (Primary.) Scarlet Fever.

Second, (Immediate,) Uremic convulsions

Duration of last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, April 12 1880

Undertaker, H. A. Saiger

Place of Business, 74 S. Broadway

Edward R. Miller M. D.
Medical Attendant.

Address, 1331 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace L. Davis

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, / *Years,* 5 *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number} 216 Constitution St.

Cause of Death { First, (Primary,) Second, (Immediate,) } Convulsions

Duration of last Sickness, 4 hrs

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Mem

Date of Burial, April 12th 1880

Undertaker, Chas T Scriven

Place of Business, 2711 Eutaw St

Silas N Hunter M. D.
Medical Attendant.

Address, 96 Gaesmnt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 39005

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39005

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen Conn

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 43 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Housekeeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number } 1811 Eastern Ave

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Exhaustion

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, April 13th 1880

J. J. Reilly M. D.
Medical Attendant.

Undertaker, H & H Gildmeyer

Place of Business, 341 Eastern Ave *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Edw Shields

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 358 Ramsay st

Cause of Death, First, (Primary.)

Second, (Immediate.) infantile inanition

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, 12th

Geo Ogle Coroner, M. D.
Medical Attendant.

Undertaker,

Place of Business,

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DALEY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 12 1880 BALTIMORE

Date of Death, April 12th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Hohman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 66 *Years,* 3 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} No 365 Mc Donnel st near Chas

Cause of Death First, (Primary,) Phthisis pulmonalis

Second, (Immediate,) Hemorrhage

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore boundary

Date of Burial, April 13 1880

Undertaker, Andrew Knell

Place of Business, 206 Columbia St

C. L. Buddenbohm M. D.
Medical Attendant.

Address, 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39008.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhemina Spielmyer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 46. Years, — Months, — Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26. Years

Place of Death, {Give street and number} Fork & Baltimore avenue.

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of last Sickness, 3 Years 6. months

All the above information should be furnished by the Physician.

Place of Burial, Londenpurck

Date of Burial, to me afterwards

Undertaker, Jn Chaler

Place of Business, grocery

Thos Corbin M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johnny Witte

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* 10 *Months,* ~~~ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 172 South Charles

Cause of Death, First, (Primary,) Natural Intermittent Fever

Second, (Immediate,) Pernicious Intermittent Fever

Duration of last Sickness, 60 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 13th 1880

Undertaker, Julius Koehler

Place of Business, [illegible] *Address,* Corner Hanover & Lee Sts Baltimore City

G. K. Wiley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39010

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 13 1880 BALTIMORE

Date of Death, April 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dolly Jones

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Sixty five *Years,* —— *Months,* —— *Days.*

Color, Mulatto *Sex,*

~~*Married,*~~ ~~*Single,*~~ *Widow* or ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, Nineteen Years

Place of Death, {Give street and number.} No. 60 Biddle st.

Cause of Death, First (Primary,) Hypertrophy of heart-

Second (Immediate,) Suffocation

Duration of Last Sickness, Thirty minutes.

All the above information should be furnished by the Physician.

Place of Burial, Shaspt Cemetery

Date of Burial, April 13th 1880

F. B. Gardner M. D.
Medical Attendant.

Undertaker, Wm. McCray

Place of Business, 63 [illegible] *Address* 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Lucas

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, about 70 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Servant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Carroll Co. Md.

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and number.} 59 Davis Street

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) 36 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudel Cemetery

Date of Burial, April 12th 1880

Undertaker, Wm Jos Gray

Place of Business, 63 Mulberry St.

R. C. Lee M.D.
Medical Attendant.

Address, Harrison Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. D. Donavan

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 375 William St

Cause of Death { First, (Primary,) Diphtheria. / Second, (Immediate,) Paralysis & exhaustion.

Duration of last Sickness, 7 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Govanstown

Date of Burial, April 12-80

Undertaker, C. E. Krause

Place of Business,

R. J. H. Tall, M. D.
Medical Attendant.

Address, 152 Shap. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Heuniman.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 48 *Years,* 7 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Boxmaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 34 yrs

Place of Death, {Give street and number} 137 Saratoga St.

Cause of Death First, (Primary,) Brights Disease, Acute

Second, (Immediate,) Brights Disease, Acute,

Duration of last Sickness, about a week.

All the above information should be furnished by the Physician.

Place of Burial, W. Alhouse

Date of Burial, April 13th

W. R. Morgan M. D.
Medical Attendant.

Undertaker, H. Bergman

Place of Business, 45 E Clay St

Address, 173 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

A. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, April 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Sarah Brady

Sex, Male or Female, {cross out the word not required in this line.}

Age, 43 Years, 6 Months, 21 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Washing Woman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number} 206 E. Chase St.

Cause of Death { First, (Primary,) Phthisis V
Second, (Immediate,) 8 months

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cl

Date of Burial, April 13 1880

{ Undertaker, Henry Hooch
Place of Business, 309 N. Central

Jno. Brooke Boyle M. D.
Medical Attendant.

Address, Md & Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. E. Lowry

Sex, Male or Female, {cross out the word not required in this line.} M

Age, X *Years,* 8 *Months,* X *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 148 E. Lombard St.

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemetery Phila. Road

Date of Burial, April 13th

A. T. Reynolds M. D.
Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 70 Greenmount Ave

Address, Eastern Dispensary,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 39016

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 39016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 10. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph. Phelps

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ____

Occupation, ____

Birthplace, { State or country, (and how long in the United States if of foreign birth. } East. City

Duration of Residence in the City of Baltimore, In Existence 10 days

Place of Death, { Give street and number } St. Vincents Infant Asylum

Cause of Death, First, (Primary.) Acute Meningitis

Second, (Immediate.) Coma

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 13. 1880

Undertaker, Jos Brannigan

Place of Business, 52 Division St

Marburg Brewer M. D.
Medical Attendant.

Address, 61 N Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10 April 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celestine

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* about 3 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling Institution

Duration of Residence in the ~~City of Baltimore~~, 6 days

Place of Death, {Give street and number} St. Vincents Infant Asylum

Cause of Death, First, (Primary,) Chronic Dysentery

Second, (Immediate,)

Duration of last Sickness, When admitted

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 13. 1880

Undertaker, Jos Brannigan

Place of Business, 156 Division St.

Mathew Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39018

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann Leary

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bay view Asylum

Duration of Residence in the ~~City of Baltimore~~, Institution 11 days

Place of Death, { Give street and number } St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, When admitted

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 13. 1880

Undertaker, D. Brannigan

Place of Business, 156 Division St

Mastony Brewer M. D.
Medical Attendant.

Address, 156 Division St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39019

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11. 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. J. Patterson,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 24 *Years,* ... *Months,* ... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Miner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Newbern, N. C.

Duration of Residence in the City of Baltimore, & Eight Yrs

Place of Death, {Give street and number} 352 S. Fremont St. near Lombard St.

Cause of Death { First, (Primary,) Phthisis Pulmonalis
, { Second, (Immediate,) Exhaustion

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, East Balto Methodist Cemetery Philad Road

Date of Burial, April 13th 1890

Undertaker, Chas. T. Scrivener

Place of Business, 271 N Eutaw St

H. G. Keck M. D.
Medical Attendant.

Address, Balt. & Hanover sts.

APR 13 1890 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39020

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John P Corcoran

Sex, Male or Female, {cross out the word not required in this line.}

Age, 35 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 Yrs

Place of Death, {Give street and number} University of Md Hospital

Cause of Death, First, (Primary.) Struck by a piece of timber

Second, (Immediate.) accidental death

Duration of last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, April 14 1880

Undertaker, J B Cook

Place of Business, 707 W Baltimore St.

Geo C Cyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12 - 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilian Gay Brown

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 Yrs.

Place of Death, {Give street and number} 100 Johnson st.

Cause of Death First, (Primary,) Gastritis

Second, (Immediate,) Cerebral Congestion

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, April 14th 1880

Undertaker, Fehr Thacher

Place of Business, No 6 E Lombard St

D. H. Ellis M. D.
Medical Attendant.

Address, 375 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 13 1900 BALTIMORE

Date of Death, April 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Bamo

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 52 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} #8 Mr. Church

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,)

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 13th

Undertaker, P. Hemmert

Place of Business, Mulberry St

E Eugene Riggs M. D.
Medical Attendant.

Address, 37 St near 2 St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 39023

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Charles Banton~~ April 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Banton

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* ____ *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~——~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Babtz

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 134 Chesnut St -

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Pneumonia

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetary

Date of Burial, April 13. 1880

Undertaker, Charles A. White

Place of Business, 35 Granby St

J. J. Gwynn M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39024

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Newman

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 23 hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} 633 Hanover

Cause of Death, First, (Primary,)

Second, (Immediate,) Supposed Croup of Trachea Oede of the Lungs

Duration of last Sickness, since Birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, April 13th 1880 Thomas Cottee M. D.

Medical Attendant.

Undertaker, Julius Koehler

Place of Business Marsh & Cross sts. *Address,* 146 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39025

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno S. Harlow

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 64 *Years,* 11 *Months,* *Days.*

Color, W *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Magistrate

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, Forty-four years

Place of Death, {Give street and number.} 307 E Balto Street

Cause of Death, First (Primary,) Diabetes Mellitus & Carbuncle

Second (Immediate,)

Duration of Last Sickness, One Month - after some years of failing health

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, April 14th 1880

Undertaker, E Cook

Place of Business, 844 86 Bank St

Richard McSherry M. D.
Medical Attendant.

Address 189 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39026

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE APR 13 1880

Date of Death, April 12. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James R. McMechan

Sex, Male or Female, {cross out the word not required in this line.} M

Age, ——— *Years,* 5 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 220 S. Howard St

Cause of Death, First, (Primary,)

Second, (Immediate,) Tuberculer Meningitis

Duration of last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, April 13th 1880

Lowlow Cook M. D.
Medical Attendant.

Undertaker, Armstrong & Dunn

Place of Business, 203 Light St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0742.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 80

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Wilson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 68 *Years,* 3 *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 402 W Pratt St Pratt, st

Cause of Death, First (Primary,) Endocarditis

Second (Immediate,)

Duration of Last Sickness, 8 Days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 14th April.

W G Wamble M. D.
Medical Attendant.

Undertaker, John L Thacher.

Place of Business, Corner Camden & Paca St. *Address* 203 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 39028

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charity Ann Dozier

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 162 E. Dallas St

Cause of Death { First, (Primary,) ; Second, (Immediate,) Consumption

Duration of last Sickness, all his life

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cem.

Date of Burial, April 13 1880

James H Heuing M. D.

{ *Undertaker,* The J. Locke

{ *Place of Business,* —

Address, Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by - Geo E. Taylor

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39029

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lizzie Blackson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 96 E. Bethel St

Cause of Death, First, (Primary.) Acute Meningitis

Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cem

Date of Burial, April 12th 1880

Undertaker, Theodore G Locke

Place of Business, 73 Pleasant

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...e Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39030

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Hahn

Sex, ~~Male or Female~~, {cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 34 Ridgely st.

Cause of Death First, (Primary,) Croup (Membranous)

Second, (Immediate,) Asphixia

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 14th 1880

C. L. Buddenbaugh M. D.
Medical Attendant.

Undertaker, F. Bauer

Place of Business, 379 W. Pratt St *Address,* 166 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate. No. [illegible]

Board of Health, City of Baltimore,

Permit No. 39031

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 19 1880 BALTIMORE

Date of Death, April 13. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Albrecht

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 5 *Years,* 6 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} # 325 N. Dallas St.

Cause of Death, First, (Primary.) Membranous Croup

Second, (Immediate.) Apnoea

Duration of last Sickness, 72 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Centre

Date of Burial, Apr 14 1880.

Geo A Hartman M. D.
Medical Attendant.

Undertaker, Henry Hecht

Place of Business, 309 Central Av *Address,* #305 N Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39032

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents} William Payne

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 15 *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 258 McDonough St.

Cause of Death, {First (Primary,) ..... Second (Immediate,) Inanition.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 13th 1880

Undertaker, Wm. N. Dunges

Place of Business, No 62 East St

L. C. Gordon, M. D.
Medical Attendant.

Address 311 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 39033

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 13 1880 BALTIMORE

Date of Death, 10th April 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Sanders

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 24 Years, ____ Months, ____ Days.

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Several Years

Place of Death, {Give street and number} 4 Patapsco Avenue

Cause of Death, First, (Primary.) Child Birth

Second, (Immediate,) Puerperal Fever

Duration of last Sickness; 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 13th 1880

{Undertaker, Wm. N. Dunger

{Place of Business, No 62 East St

R. M. Dodge M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3903 c

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 13 1880 BALTIMORE

Date of Death, April 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Damman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 3 hours ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 30 Hill St

Cause of Death, First, (Primary.)

Second, (Immediate,) Asthenia

Duration of last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 14th 1880

Undertaker, Bennett & Denny

Place of Business, Light St

James Allen M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by I. E. Durding

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39035

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5 oclock A M Monday April 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bocock

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 28 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 2 O Donnell St

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 2 O Donnell St

Cause of Death First, (Primary,) Erysipelas Idiopathic in head

Second, (Immediate,) Erysipelas do do ~~do~~ Hospital

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Old Saints Cemetery

Date of Burial, Apr 14th 1880

Undertaker, C Eckhard

Place of Business, 269 Canton Ave

J Buchanan M. D.
Medical Attendant.

Address, 26 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Balto.

Permit No. 39036 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 13 1880 BALTIMORE. HEALTH OFFICE APR 14 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. Armiger

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Three (3) *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } "

Occupation, "

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 153 N Central Avenue

Cause of Death, First, (Primary.) Diphtheritis

Second, (Immediate.) Septicaemia

Duration of Last Sickness, Six (6) Days.

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cemetery

Date of Burial, 14th of April.

Undertaker, Adam Fink

Place of Business, 461 W. Gay St Address, O'Keefe Carolina

Jno Silver M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman H. Lemkes. (No name H. Lemkes. Parents Susanna

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, — *Years,* — *Months,* 5 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

HEALTH DEPARTMENT APR 14 1880 BALTIMORE

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 16 East Lombard

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 16 East Lombard

Cause of Death, First (Primary,) Eclampsia

Second (Immediate,)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery J. W. Walls M. D.

Date of Burial, April 14th 1880 Medical Attendant.

Undertaker, ~~Or~~ Fitzgerald & Lemkes Address 18 So Eutaw St.

Place of Business, Foot 11th.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hetchen

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 39 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Butcher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} Eutaw Co Md Cherry

Cause of Death, First, (Primary.) Hepatitis suppurative

Second, (Immediate.) Marasmus

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, April 15th 80

Undertaker, Chas. H. Bartlett

Place of Business, 24 W. Bath St

J. Hutton, M. D.
Medical Attendant.

Address, 241 S. Paca street

HEALTH DEPARTMENT APR 14 1880 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...L. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39039

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 14 1880 BALTIMORE

Date of Death, April 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Wollen

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, One *Years,* Seven *Months,* twenty-three *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No. 66 Pr. Ann St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, Suddenly

All the above information should be furnished by the Physician.

Place of Burial, M. E. Burial Ground Phila. Road.

Date of Burial, April 14-1880.

Undertaker, Joey & Bro.

Place of Business, Broadway & Fayette

Wm. E. Russell M. D.
Medical Attendant.

Address, Broadway & Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible]

Board of Health, City of Baltimore,

Permit No. 890 40

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 14 1880 BALTIMORE

Date of Death, 12th April 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lelitia Pomphrey

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, Cd

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 80 S. Bethel St

Cause of Death, First, (Primary,) Phthisis & Pulmonalis

Second, (Immediate,) Hemorrhage

Duration of last Sickness, 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Lionel Cemetery

Date of Burial, April 14 1880

Undertaker, Thomas J Locks

Place of Business, 13 Jefferson St

S. H. Martin M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39041

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13 April 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saha Levinson

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 5 *Years,* 6 *Months,* 2 *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} New York

Duration of Residence in the City of Baltimore, 3 1/2 years

Place of Death, {Give street and number.} 53 Lombard.

Cause of Death, {First (Primary,) Pleuritis

Second (Immediate,)}

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Belair Road, Heb. Cemetery

Date of Burial, April 14th 1880

Undertaker, Or, H. & J. Mintz

Place of Business, 91 E. Lombard St

C. Mottmans M.D.
Medical Attendant.

Address, 57 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39042

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 14 1880 BALTIMORE

Date of Death, April 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wilks Davis

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 72 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Gentleman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Newburn N C

Duration of Residence in the City of Baltimore, one Year

Place of Death, {Give street and number} 678 Fulton Ave

Cause of Death { First, (Primary,) Uremia - from chronic retention -
Second, (Immediate,) Effusion (cerebral)

Duration of last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 14

Undertaker, C W Blizzard

Place of Business, 207 Pratt

J H Gunn *M. D.*
Medical Attendant.

Address, 76 Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39043

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pearl Innez

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, ~~Years,~~ 5 *Months,* ~~Days.~~

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Mal. Nutrition

Second, (Immediate,)

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Forest Park

Date of Burial, April 14

C. F. Bryan *M. D.*
Medical Attendant.

Undertaker, C. H. Eberly

Place of Business, 201 Lee Ave. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lidia E. Buckingham

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 28 *Years,* 6 *Months,* 10 *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 123 N Gilmor

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 weeks or so

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, April 15th 1880

Undertaker, John S Mackey

Place of Business, Park & Fayette

Hammond Thomas M. D.
Medical Attendant.

Address, 64 N Paca St

HEALTH DEPARTMENT APR 14 1880 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39045

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bowers E. Shoemaker

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 13 *Years,* — *Months,* 9 *Days.*

Color,

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number} Cor St Paul and Read Sts

Cause of Death {First, (Primary,) Spinal Meningitis

{Second, (Immediate,) 3 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Garrison Forest Balto Co

Date of Burial, April 15th 1880

Undertaker, M. W. Jenkins & Son

Place of Business, 16 Light st.

Thomas Shearer M. D.
Medical Attendant.

Address, 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1737

Permit No. 39046 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, April 15th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eleanor Kirby

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 69 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Housewife

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Maryland 69 years.

Duration of Residence in the City of Baltimore, 182 N. Eutaw

Place of Death, { Give street and number. }

Cause of Death, First, (Primary.) Valvular Disease of the Heart

Second, (Immediate.) (Sudden death)

Duration of Last Sickness, Indefinite period

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, April 17th 1880

Undertaker, Wm H Heckman

Place of Business, 231 N Gay St

[illegible] M.D.,
Medical Attendant.

E. D. Covert Carlin's Run

HEALTH DEPARTMENT APR 14 1880 BALTIMORE

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 8:30 P.M. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Noah Sale

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 46 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 179 Mulberry

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Uremia

Duration of last Sickness, 3 Days. Not for 4 Years been ailing

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 17 1880

Undertaker, Charles F White

Place of Business, No 35 E Pratt St

Henry C Dunell M. D.
Medical Attendant.

Address, 1992 Baltimore St

APR 16 1880 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...H. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

APR 14 1880 HEALTH DEPARTMENT

Permit No. 39048

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Brown

Sex, Male or Female, {cross out the word not required in this line.}

Age, 29 *Years,* ____ *Months,* ____ *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Brick layer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} In 126 N. Bethel St.

Cause of Death, First, (Primary.) Typhoid Pneumonia

Second, (Immediate,)

Duration of last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 15th 1880

Undertaker, E Cox

Place of Business, 114 & 6 Bank St

J. W. White, M. D.
Medical Attendant.

Address, 701 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39049

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emil Stolz

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, One (1) *Years,* Three (3) *Months* Two (2) *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 99 N. Eutaw St.

Cause of Death, First, (Primary.) Acute Meningitis et Pneumonia

Second, (Immediate.) Eclampsia

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 15th 1880.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St. Address, Eager bet Caroline & Wolfe

Signature M.D.,
Medical Attendant.

HEALTH DEPARTMENT APR 14 1880 BALTIMORE

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 99050

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEPARTMENT OF HEALTH APR 14 1880 BALTIMORE

Date of Death, April 12/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jabez Moreland

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 20 *Years,* ..... *Months,* ..... *Days.*

Color, white

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Labourer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, {Give street and number} 948 East Av.

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 12. 1880

Undertaker, H. A. Daiger

Place of Business, 744 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39051

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 14 1880 BALTIMORE

Date of Death, [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 11 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} [illegible]

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} [illegible]

Cause of Death, First, (Primary,) [illegible]

Second, (Immediate,) [illegible]

Duration of last Sickness, From her Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 14 1880

H. S. Borie *M. D.*
Medical Attendant.

Undertaker, [illegible]

Place of Business, 192 Howard *Address,* 206 Shute St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 39057

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11, 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Ann Caine

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 5 *Years,* *Months,* *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Louisiana Dorchester Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 279 E. Eutaw St.,

Cause of Death, First, (Primary,) Cancer Uterus

Second, (Immediate,)

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 14 1880

Undertaker, S. V. Shaw

Place of Business, 198 E. Fayette St.

N. Kelman M. D.
Medical Attendant.

Address, 274 Lud

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. STEV PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Colton

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Hours* ~~*Days.*~~

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 30 Chesnut St

Cause of Death First, (Primary,) Premature Birth (7 mos)

Second, (Immediate,) asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, April 15th 1880

Undertaker, W. D. Mozer

Place of Business, Howard St

J. Thos. A. Steuart M. D.

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by, Joseph P. Snook

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39052

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1880 BALTIMORE

HEALTH DEPARTMENT APR 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Stockett

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, *Widow* or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} Corner Fulton and Wilhelm Sts.

Cause of Death, First (Primary,) Phthisis Pulmonis

Second (Immediate,) Debility

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Apl 16th 1880

Undertaker, Wm H Cook

Place of Business, No 707 W Baltimore Street

J. R. Uhler M. D.
Medical Attendant.

Address 234 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39055

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie & Wm Tomellen (Parents)

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 1/2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 736 Hanover St

Cause of Death { First, (Primary,) Premature Birth
Second, (Immediate,) Convulsions

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cem

Date of Burial, April 14th 1880

James H Steuart M. D.
Medical Attendant.

Undertaker, B. Hanlon

Place of Business, Light St

Address, Commissioners Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by, B. 5788

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39056

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1890; 7:15 o'clock, A. M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Minnie Pearle Dwyer

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 2 Years, 4 Months, Twenty Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } No. 8 Bartlett Street.

Cause of Death { First, (Primary.) Diphtheria

Second, (Immediate,)

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, April 15th 1890

Undertaker, Wm J Thacher

Place of Business, 120 Camden St

Dan'l Deardie M. D.
Medical Attendant.

Address, 120 Columbia & Summit

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Roberts,

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 24 *Years,* 9 *Months,* 3 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 65 N. Shroeder

Cause of Death First, (Primary,) Subacute Peritonitis,

Second, (Immediate,) Exanition

Duration of last Sickness, 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 16th 1880

Undertaker, F. Lewis Schafer

Place of Business, 109 N. Fremont *Address,* 98 N. Green st.

John Pennington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 37058

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15TH 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl L. Juncen

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 353 Shupe St

Cause of Death, First, (Primary.) Gastro Enteritis

Second, (Immediate.) Congestion of the Brain

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 15 April

Sheldon Leslie M. D.
Medical Attendant.

Undertaker, P. F. Kinnear

Place of Business, 317 Mulberry *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL STATIST[illegible]

Permit No. 39059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 15
1880
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Virginia Williams

Sex, Male or Female, {cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 331 Bond St.

Cause of Death First, (Primary,) Organic Heart Disease

Second, (Immediate,) as if by Uremic Poisoning

Duration of last Sickness, about two years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 16th 1880

Undertaker, John Lahr

Place of Business, 161 E Balto St

J W Cathell M. D.
Medical Attendant.

Address, 21 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of B

Permit No. 39060

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Dunphy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* 14 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 48 S. Central ave.

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate.) Convulsions

Duration of Last Sickness, Five (5) days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 16th

Undertaker, M. Clarke & Sons

Place of Business, 64. E. Balto

G. L. Watkins M.D.,
Medical Attendant.

Address, 77 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 39061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 13th. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellie R. Henry

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 154 N. Howard St.

Cause of Death { First, (Primary.) Capillary bronchitis

Second, (Immediate,) 1 mo. 2 wks.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemt

Date of Burial, April 15th 1880

Undertaker, Andrews Hodges

Place of Business, 476 Pratt ave

Elias C. Price M. D.
Medical Attendant.

Address, 262 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39062

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

1880

Date of Death, Wednesday Morning April 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. P. Redmon

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 1 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 38 Willow St

Cause of Death, First, (Primary,) Inflamation of Stomach with

Second, ~~(Immediate,)~~ Cerebral complications

Duration of last Sickness; one week,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae cemetery

Date of Burial, April 15 1880

Undertaker, James A Byrne

Place of Business, No 63 N Front St

Wilmer Bruton M. D.
Medical Attendant.

Address, 25½ Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATIST

Permit No. 39063

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 13 1880 BALTIMORE

Date of Death, April 13th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lelia Virginia

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ... *Years,* ..... *Months,* 11 *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 39 Lemon St

Cause of Death { First, (Primary,) Whooping Cough, Contracted at

Second, (Immediate,) Pneumonia

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 15th 1880

Undertaker, Geo R Cook

Place of Business, No 707 N Baltimore Street

W Keyser M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be th duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificat ting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of th son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible]

Board of Health, City of Baltimore,

Permit No. 39064

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Johnston

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ 7 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States. If of foreign birth.} Balto City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 186 Vine St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 15 1880

Undertaker, William Deegan

Place of Business, No 42 East Street

A. Shelton Hill M. D.
Medical Attendant.

Address, 432 W Lafayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...special attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Horace Thomas

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 49 *Years,* ~ *Months,* ~ *Days.*

Color, Colored.

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Hod Carrier

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Eastern Shore Md.

Duration of Residence in the City of Baltimore, 20 Years & Upwards

Place of Death, { Give street and number } 5' Yard alley between Paca & Howard

Cause of Death, { First, (Primary.) Mercurial Salivation / Second, (Immediate,) Typhoid Fever

Duration of last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 15 1880

G. W. Simms M. D.
Medical Attendant.

Undertaker, William Monroe

Place of Business, 462 East Fayette

Address, 6 Hitchens & Preston

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 39066

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Owens

Sex, ~~Male~~ or ~~Female~~, {cross out the word not required in this line.}

Age, 80 *Years,* — *Months,* ..... *Days.*

Color, Col'd

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number} No 24 Vincent St.

Cause of Death, {First, (Primary,) Inf Blood Pneumonia

Second, (Immediate,)

Duration of last Sickness, 1 & 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, Apl 15 1880

Undertaker, William Mburger

Place of Business, No 62 East Street

P. V. McKinney M. D.
Medical Attendant.

Address, 582 Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 39067

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4. 16. 80 April 9 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm. Vincent Streett

~~*Sex,*~~ *Male or Female,* { cross out the word not required in this line. }

Age, 1 *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 1 1/2 yrs

Place of Death, { Give street and number } 52 S. Gilmor St

Cause of Death, { First, (Primary,) Pneumonia / Second, (Immediate,)

Duration of last Sickness, 3 Wks

All the above information should be furnished by the Physician.

Place of Burial, Fowden Park Cy

Date of Burial, April 18. 1880

Undertaker, J. P. Blackistone

Place of Business, 6 & 6 Balt St

A. M. Cashman M. D.
Medical Attendant.

Address, 52 S Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 39068

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Dainer

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Coachman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number} 669 Pennsylvania Av

Cause of Death First, (Primary,) Organic heart disease

Second, (Immediate,) obstruction of

Duration of last Sickness, Some months

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cemetery

Date of Burial, April 15 1880

Undertaker, James D Byrne

Place of Business, N° 63 N Gay St

Chas A Donovan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39069

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Sugersall

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Fem

Age, 12 *Years,* 3 *Months,* ____ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Buffalo

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number} 183 Edmondson Ave

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Congestion of Lungs

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, 15th April 1880

Undertaker, H. W. Jenkins & Son

Place of Business 16 Light St

A. L. Williams M. D.
Medical Attendant.

Address, 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 39070

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilson B. Morgan

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 74 *Years,* —— *Months,* —— *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number} 148 S. Bond St

Cause of Death First, (Primary,) Cancer of Face

Second, (Immediate,) old age + Exhaustion

Duration of last Sickness, 20 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 18th 1880

Undertaker, Denny & Mitchell

Place of Business, ——

James A Steuart M. D.

Medical Attendant

Address, Comm of Health to Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Geo E. Taylor — Examined

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 39071

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Bowen

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 28 *Years,* ____ *Months,* ____ *Days.*

Color, ed

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Nailer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give street and number} 10 Bolton alley

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) " "

Duration of last Sickness, About one year.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 15th 1880

Undertaker, Wm James Lyra

Place of Business, 65 Mercer

D. B. Browne M. D.
Medical Attendant.

Address, 307 Madison Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. SHEKANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S

Permit No. 39072

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14 - 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Capt. William Betts.

Sex, Male ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 59 *Years.* 6 *Months,* 1 *Days.*

Color, White *Sex,* Male.

Married, ~~*Single, Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation, Farmer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Deal Kent England.

Duration of Residence in the City of Baltimore. Two weeks.

Place of Death, {Give street and number.} 54 Madison st.

Cause of Death, First (Primary,) bad Cold.

Second (Immediate,) ~~Fever~~. Hemorrhage of lung.

Duration of Last Sickness, 4 Months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery T. Clay Madden M. D.

Date of Burial, April 16 Medical Attendant.

Undertaker, Fry & Son

Place of Business 54½ Broadway *Address* 23 N. Calvert st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39073

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie A Maulsby

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* — *Months,* — *Days.*

Color, Colored *Sex,* —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laundress

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give street and number.} # 6 South Dallas St

Cause of Death, First (Primary,) Enteritis

Second (Immediate,)

Duration of Last Sickness, Nine Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, April 15th 1880

Undertaker, Charles A Wyatt

Place of Business, No 35 Stanley *Address* 241 E Balto St

H E Brooks *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 39074

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen McKeown

Sex, ~~Male or~~ *Female,* {Cross out the word Not required in this line.}

Age, ... *Years,* ..... 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, 6 34 above Parkin

Place of Death, {Give street and number.} 834 W. Pratt St

Cause of Death, First (Primary,) Said to be Whooping Cough

Second (Immediate,)

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 15th 1880

Undertaker, Joseph F Burns

Place of Business, 8 Gay St

Address Mercy Dispensary

J. E. Atkinson M.D.
Medical Attendant.

over

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James McPhail

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, — *Years,* 8 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } U S A

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 1915 W Lanvale st

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Marasmus

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, April 16 1880

Undertaker, Thos S Hughes

Place of Business, E Balto St

J. Ridgway Hyde M. D.
Medical Attendant.

Address, 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore

Permit No. 39076

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decedent, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Agathea Deuport

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 4 *Years,* 11 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 35 St. Paul St. ✓

Cause of Death { First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, April 17th '80 Thomas B Hunter M. D.

Medical Attendant.

Undertaker, Mc. Stance

Place of Business, 980 Fenton Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm M Forester

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } No 140 Stanford Ave

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Croup

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loyola Cem Cemetery

Date of Burial, 16 of April

Undertaker, Adam Fink

Place of Business, 461 W Jay St *Address,*

Wm Whitridge *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

Permit No. 39078

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu*
rate, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th 1878.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Kennard

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ *Years,* 11 *Months,* 12 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 86. Plum Alley

Cause of Death { First, (Primary,) Scrofula
Second, (Immediate,) abscess on side of neck

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemet ✓

Date of Burial, April 15th 1880

Undertaker, Fred A. Kerchner

Place of Business,

Thos A Glenn M. D.
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John E. Dwerding

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39079

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 14. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian O. Schreiner.

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 65 *Years,* 10 *Months,* ..... *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Würtemberg Germ. Res. of U.S. 43 Years.

Duration of Residence in the City of Baltimore, 40 Yrs.

Place of Death, {Give street and number} 149 Hamburg St.

Cause of Death { First, (Primary,) Malarial Feber complicated with Pneumonia.
Second, (Immediate,) Coma

Duration of last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, April 16th

Undertaker, D. Wiegand

Place of Business, 166 Druid Hill Ave

I. Leight Dörhsen. M. D.
Medical Attendant.

Address, 40 S. Fulton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL

Permit No. 39080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Hudgins

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 12 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, Schoolboy

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number} City Hospital

Cause of Death, First, (Primary,) Bright's disease

Second, (Immediate,) Asthenia

Duration of last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, April 16 1880

Undertaker, Fay & Bro

Place of Business,

H. B. Hodges M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 39081

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Rosenstedt

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 64 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 25 yrs

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 11 Greenmount ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of last Sickness, 8 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, April 16 1880 James H. Heiner M. D.

Medical Attendant

Undertaker, John Schmidt

Place of Business, N. Fremont St *Address,* Comm'r of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam Jas P. Smith

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39082 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrick Schuler.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 57 — *Years,* — *Months,* — *Days.*

Color, White.

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Gardener

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, {Give street and number} University Hospital Cor. Greene & Lombard.

Cause of Death {First, (Primary,) C. P. fracture of tibia & fibula

{Second, (Immediate,) Asthenia.

Duration of last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, St Petrus Cemetary

Date of Burial, April 16th 1880.

Undertaker, Leonhard Kurz

Place of Business, S. Bond & Hall Pr 278

C. Elmy, M. D.
Medical Attendant
Asst. Resident Physician

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39083

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John M. Hillebrach

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* *Months,* 29 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} N. Central Ave Baltimore Md

Duration of Residence in the City of Baltimore, 3 years 29 days

Place of Death, {Give street and number.} 572 Aisquith St

Cause of Death, First (Primary,) Croup

Second (Immediate,) Membranous Croup

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 17

A. G. Watson M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Ashland & Eyas

Address 437 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ricke

Sex, Male or Female, { cross out the word not required in this line. }

Age, — *Years,* / *Months,* / *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 419 N Amity

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Lockjaw

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 17- 1880

Undertaker, F. N. Troll

Place of Business, 184 Hanover St.

Edward Cook M. D.
Medical Attendant.

Address, 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39085 — OFFICE OF REGISTRAR OF VITA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of su sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DE APR 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Friederike Klingsohr

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, 83 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 9 years

Place of Death, { Give street and number. } William st 17, Cor. Lomb

Cause of Death, { First (Primary,) Apoplexie

Second (Immediate,) Effusion

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetary

Date of Burial, April 17th 80

{ *Undertaker,* Rau & Bartell

{ *Place of Business,* 62½ W. Balt St

J. Liebmann M. D.
Medical Attendant.

Address 223 W. Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of [illegible]

Permit No. 39086

OFFICE OF REGISTRAR OF VITAL [illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible], to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said [illegible] coner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 15th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Julia Thomas

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* — *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 20 Morris Alley

Cause of Death { First, (Primary,) Acute Bronchitis
Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, April 16th 1880

Eldridge C. Price M. D.
Medical Attendant.

Undertaker, Chas. T. Lemmon

Place of Business, 27 N. Eutaw *Address,* 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimor[illegible]

Permit No. 39087

OFFICE OF REGISTRAR OF VITAL ST[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, cor[illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas[illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DE[illegible] 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Brown

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} Union Protestant Infirmary

Cause of Death {First, (Primary,) Pneumonia

{Second, (Immediate,)

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 16th April 1880

Undertaker, H & H Jenkins & Son

Place of Business, 16 Light St.

Chas Fawcett *M. D.*
Medical Attendant.

Address, 92 Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39088

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos F Gurey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* —— *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} No 204 Forest St

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 17th April 1880

W S Baker *M. D.*
Medical Attendant.

Undertaker, H. W. Jenkins Son

Place of Business, 16 Light St. *Address* No 132 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Blackwell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 14 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 43 N. Dallas

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cem. *Medical Attendant.* Wm N. Still M. D.

Date of Burial, April 16th 1880

Undertaker, Thos. J. Pocks *Address* 466 E. Lombard St

Place of Business, 73 Jefferson St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39090

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florentina E. Koenig

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* Four *Months,* Fifteen *Days.*

Color, Cr[illegible] *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 658 Lexington St

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Convulsions

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 16th 1880

J. C. Shinnick *M. D.*
Medical Attendant.

Undertaker, P. Kummel

Place of Business, Mulberry St *Address* 41 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39091

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Irving

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Driver of furniture wagon

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carroll Co. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 10 Argyle Ave

Cause of Death First, (Primary,) Rheumatism

Second, (Immediate,) Consumption

Duration of last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial ~~Boston Hill~~ Gaynes Town

Date of Burial, Apr 16

Chas Fawcett M. D.
Medical Attendant.

Undertaker, E W Biggs

Place of Business, 201 Pen Av *Address,* 92 Woolen St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 39092

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara A. Webster

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 258 Hollins St.

Cause of Death, First, (Primary,) Membranous Croup

Second, (Immediate,)

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'y

Date of Burial, April 18th 1880

John Neff M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St. *Address,* 558 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39093

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E. Bell

Sex, ~~*Male*~~ or *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* — *Days.*

Color, white *Sex,* fem

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40. years

Place of Death, {Give street and number.} 342 East Pratt St.

Cause of Death, First (Primary,) Valvular disease of Heart

Second (Immediate,)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Bolto Cemetery

Date of Burial, April 17th 1880

Jno. C. Bendinger M. D.
Medical Attendant.

Undertaker, Dennyd Mitchell

Place of Business, 65 S Broadway *Address* S.E. Cor. Broadway & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma O. Slaughter

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 1 *Years,* 11 *Months,* 19 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, 1. 11. 19.

Place of Death, {Give street and number.} 376 West St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Diptheria 6 days

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 17th 1880

Undertaker, Julius Koehler

Place of Business, Sharp & Cross. sts.

R. C. Lee M.D.
Medical Attendant.

Address, Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39095

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bertha Augusta Peters

Sex, Male or Female, {cross out the word not required in this line.} Female.

Age, ____ *Years,* 4. *Months,* ____ *Days.*

Color, White.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nursery and Child's Hospital

Cause of Death, First, (Primary.) Tubercular Meningitis

Second, (Immediate.) ____

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 16th 1880

C. F. Brau M. D.
Medical Attendant.

Undertaker, Frederick Peters

Place of Business, 148 Chesapeake St *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39096 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Welsh

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 76 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 598 W Fayette St

Cause of Death { First, (Primary,) Softening of Brain.
Second, (Immediate,) Exhaustion.

Duration of last Sickness, Five years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 17th 1880

Undertaker, Denny & Mitchell

Place of Business, 55 W Fayette St

W. McKeegan M. D.
Medical Attendant.

Address, 598 W Fayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dashields

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number} 25 King St

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 17th 1880

R. B. Morton M. D.
Medical Attendant.

Undertaker, Charles White

Place of Business, 35 Granby St *Address,* Funeral Director

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39698

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 16 1880 BALTIMORE

Date of Death, April 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Porter Rowland

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 17 *Years,* 9 *Months,* ____ *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Madison Georgia

Duration of Residence in the City of Baltimore, On a visit

Place of Death, {Give street and number} 251 N. Eutaw St

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate,) ____

Duration of last Sickness, 24 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 17th 1880 P. C. Williams M. D.

Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,* 361 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 39099

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16, 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Amos

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 260 E. Madison St.

Cause of Death { First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, Nine Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, April 17th, 80

Undertaker, Wm. H. Hickman

Place of Business, 234 E. Gay St.

Francis T. Bowen M. D.
Medical Attendant.

Address, 106 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 16 1880 BALTIMORE

Date of Death, April 14 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Lyne

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, _____ *Years,* seven *Months,* _____ *Days.*

Color, Dark

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 1040 Cohen Av

Cause of Death, First, (Primary.)

Second, (Immediate,) Enteritis

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 16/80

Undertaker, F A Kerchner

Place of Business, 50 S Carrollton Av

M C Rader M. D.
Medical Attendant.

Address, 29 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

J. C. BRYANT & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39101

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE APR 16 1880 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie Isaac Edwards (Parents)

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 4 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 11 Whiteis alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Spasms

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 16th 1880

Thos A Glenn M. D.

Undertaker, W. M. Duncee

Place of Business, East St

Address, Commonwealth & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by Geo E Brown 1880

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Davis

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 5 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number} City Hospital

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 17th 1880

Undertaker, John A. Weaver & Co.

Place of Business, #22 N. Fayette St

J. H. Buchanan M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 39103

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Schimmeck

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. }

Age, ~~ Years, 6 Months, ~~ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 43 Barnes St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Spasms

Duration of last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 17th 1880

Undertaker, F. Hoeck

Place of Business, 11 Central av

James H. Clemz M. D.
Medical Attendant.

Address, Deputy of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jos. R. Smith

[OVER.]

Board of Health, City of Baltimore,

Permit No: 39104

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Ruecker

Sex, Male or Female, { cross out the word not required in this line. }

Age, 26 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Machinist

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, { Give street and number } 448 McHenry St

Cause of Death, { First, (Primary,) Catarrh of Bronchitis / Second, (Immediate,) Exhaustion from

Duration of last Sickness, about 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, April 17' 1880

Undertaker, J. B. Cook

Place of Business, 727 N Baltimore St *Address,*

W. M. McSherry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39105

The Physic[illegible] a last illness
out, to the Und[illegible] e: burial [illegible] in twenty-four hours after the [illegible] of said dec[illegible]
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Johnson

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 7½ *Years,* ——— *Months,* ——— *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 85 N. Calvert St

Cause of Death, First, (Primary,) Carcinoma of Stomach

Second, (Immediate,) Asthenia

Duration of last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 17 1880

Undertaker, Wm Jas Gray

Place of Business, Mulberry St *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles A. Haeffer

Sex, Male or Female, { cross out the word not required in this line. } ~~Female~~

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt. Md

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number } Chester St near Belair Ave

Cause of Death, First, (Primary,) Congestion of Brain

Second, (Immediate,) Congestion of Brain

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, April 17th 80

G. Lehmann M. D.
Medical Attendant.

Undertaker, Rau & Bartell

Place of Business, 62½ N. Balt St. *Address,* 123 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39107

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sabrit H. Watts

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 5-0 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Bricklayer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 130 N. Bolfe St. North

Cause of Death First, (Primary,) Laryngeal Phthisis

Second, (Immediate,)

Duration of last Sickness, 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, April 18-1880

Undertaker, Fry & Bro

Place of Business, 54 N. Broadway

Eldridge C. Price M. D.
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39108

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 17 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Ramsey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* Ten (10) *Months,* Two (2) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City Since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. Mill corner Ann

Cause of Death, First, (Primary.) Intercular Meningitis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Three (3) weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 17 1880

Undertaker, Henry Roeta

Place of Business, 304 Central ave

Dr. Flown M.D.,
Medical Attendant.

Address, E. Cor Caroline & Fort Lane

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 39109

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 17 1880 REGISTRAR'S DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} M. L. Duncan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Miner

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Hartford Co

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number.} 156 Lombard st

Cause of Death, {First (Primary,) Valvular Dis. Heart

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hartford Co Md

Date of Burial, April 17th 1880

J. F. Wilkinson M. D.
Medical Attendant.

{*Undertaker,* M. A. Daiger

{*Place of Business,* Broadway *Address* 169 E Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39110

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher Kelly.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 26 years.

Place of Death, {Give street and number} 291 Cross St.

Cause of Death { First, (Primary,) Second, (Immediate,) } Phthisis Pulmonalis

Duration of last Sickness, About 5 months.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem'y

Date of Burial, Apr 18th 1880

Undertaker, C F Krause

Place of Business,

R. J. N. Tall. M. D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alverta Lucas

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 21 *Years,* One (1) *Months,* 16 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 64 Elbow Lane

Cause of Death First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,)

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Sharp street cemetery

Date of Burial, April 17. 1880

Undertaker, Hercules Ross

Place of Business, 95 Conway St

Geo D Stull M. D.
Medical Attendant.

Address, 193 Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Bohn

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* 4 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No 220 Lexington st.

Cause of Death First, (Primary,) Pneumonia (Lingle)

Second, (Immediate,) Meningitis

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, April 18th 1880

Undertaker, Th. Seewald

Place of Business, 35 S. Eutaw St

O. L. Buddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39113 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Patterson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 7 E. N. Dallas

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) ____

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cem

Date of Burial, Apr. 15th 1880

Undertaker, Theo J Pocks

Place of Business, 73 Jefferson St

Wm H Hill M. D.
Medical Attendant.

Address 466 E Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39114

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hurst

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* ..... *Months,* ..... *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bank President

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Dorchester Co. Md

Duration of Residence in the City of Baltimore, 67 years

Place of Death, {Give street and number.} 9th Monument St.

Cause of Death, {First (Primary,) Stomach decay of} {Second (Immediate,) Lab Pneumonia}

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt. Cy

Date of Burial, April 15 80

Undertaker, Stewart & Mooney

Place of Business, 35 Saint Ave.

H. M. Wilson M. D.
Medical Attendant.

Address 257 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of...

Board of Health, City of Baltimore,

Permit No. 3918

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT APR 17 1880 REGISTERED

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lennox Finlay

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 19 *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 1568 N. Gay St.

Cause of Death, First, (Primary.) Pulmonary Phthisis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Some years — confined to house 5 or 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 18 1880

Undertaker, Jas F Byrne

Place of Business, 63 Front

A Hartman & Son M. D.S.
Medical Attendant.

Address, 1305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Fred Heck

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* 17 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 668 S. Chapin

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,)

Duration of last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 19th 1880

H. Hoes M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Bros *Address,* 95 S. Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Hamilton

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 28 *Years,* 0 *Months,* 0 *Days.*

Color, Light Brown

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, General Work

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Easten Shore of Maryland

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number} 75 Union st

Cause of Death, First, (Primary.) Bad cold

Second, (Immediate.) Consumption

Duration of last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemet

Date of Burial, April 17 "1880

B F Bohrer M. D.
Medical Attendant.

Undertaker, Fred. A. Kirchner

Place of Business, 50 S. Carrollton ave *Address,* Cor Dolphin to Druid Hill ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apl 17 / 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nora O'Brien

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 63 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number} 193 Vine

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) " "

Duration of last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 26

Thomas O'Sie M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 702 West Baltimore *Address,* 581 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Baltimore,

Permit No. 39119

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilton Eldorus King

Sex, Male or Female, {cross out the word not required in this line.}

Age, about 25yrs *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Day Hand

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Fluvanna Co Virginia

Duration of Residence in the City of Baltimore, 6 mos.

Place of Death, {Give street and number} 116 Herbert St. East Bend

Cause of Death, First, (Primary,) Meningitis Acute

Second, (Immediate,)

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Gordonsville Va

Date of Burial, April 17

J. Wm Walls M. D.
Medical Attendant.

Undertaker, Denny & Matchett

Place of Business, 336 Fayette St. *Address,* 18 So Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...H. G. GUELICH & CO. CITY PRINTERS AND STATIONERS.

Transcript 1738

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 39120

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius Creamer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 70 East av.

Cause of Death, First, (Primary,) Acute Meningitis

Second, (Immediate,) ____

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsis Cem'y

Date of Burial, April 17th

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av

R. W. Mansfield M. D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39121

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sellmayer

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ 5 *Years,* ~~Months,~~ ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 46 N. Duncan alley

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Spasms

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 17 1880

James A. Jeans M. D.

Undertaker, John Brown

Place of Business, 258 S. Durham *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jos. P. Smethurst

Permit No. 39122

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 17 1910 BALTIMORE

Date of Death, April 16

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Catherine Shine

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. } Female

Age, 54 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, Cook

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Howard Co. Md.

Duration of Residence in the City of Baltimore, 3 mos.

Place of Death, { Give street and number. } 215 Raborg St

Cause of Death, First (Primary,)

Second (Immediate,) Phthisis

Duration of Last Sickness, 1 yr

All the above information should be furnished by the Physician.

Place of Burial, Laurel City Prince George County

Date of Burial, April 18

Jos. G. Stallshine *M. D.*

Medical Attendant.

Undertaker, Sophie H. Olney

Place of Business, 225 Eutaw St *Address* Fayette & Paca Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 39123

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry L. Booze.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Thirty Nine *Years,* *Months,* *Days.*

Color, (Coloured) (Afric)

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Porter,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester County Md.

Duration of Residence in the City of Baltimore, Seventeen Years,

Place of Death, {Give street and number} 263 Mc Donogh St.

Cause of Death { First, (Primary,) Cold,
Second, (Immediate,) Consumption,

Duration of last Sickness, Four months.

All the above Information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, 18th

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga St

Nicholas L. Dalhill M. D.
Medical Attendant.

Address, 207 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39124

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph L Albig

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 36 *Years,* — *Months,* — *~~Days~~.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Upholster

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, { Give street and number } No 48 Holland st

Cause of Death, { First, (Primary,) Phthisis Pulmonalis / Second, (Immediate,) }

Duration of last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Bald Cemetery

Date of Burial, April 18th 1880

Undertaker, H Hoerle

Place of Business, 11 Eutaw

J Ridgway Andrè M. D.
Medical Attendant.

Address, 121 E Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39125 OFFICE OF REGISTRAR OF VITAL STA[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 16. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Hill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* ... *Days.*

Color, Mulatto *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No. 3 Eutaw Court

Cause of Death, First (Primary,) Artificial foot

Second (Immediate,) Inanition

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 18th 1880

L. D. Thomson, M. D.
Medical Attendant.

Undertaker, Wm Lang

Place of Business, 6 Mulberry st *Address* 187 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 39126

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amos White

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Eleven *Years,* dy *Months,* dy *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne-Arundel Co Md

Duration of Residence in the City of Baltimore, About Two Years

Place of Death, {Give street and number} 19 31 Rock St -

Cause of Death, First, (Primary.) Heart - Disease

Second, (Immediate,) Dropsy

Duration of last Sickness, About Ten Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 20 1880

Undertaker, S W Chase

Place of Business, 197 S Howard St

D L Thom M. D.
Medical Attendant.

Address, 89 McClary St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday April 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgiana White

Sex, Male or Female, {cross out the word not required in this line.}

Age, 21 *Years,* 4 *Months,* *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Chambermaid

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland Born & duy here

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 544 Saratoga St.

Cause of Death {First, (Primary,) Pulmonary Phthisis

Second, (Immediate,)

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 20 1880

Undertaker, S W Chase

Place of Business, 195 Hanover St

L. Dennett Simms M. D.
Medical Attendant.

Address, # 352 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 39128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Lucas

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* 23 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 90 Wayne Av

Cause of Death First, (Primary,) Bronchial Catarrh

Second, (Immediate,) Congestion of lungs

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Ship. Cemetery

Date of Burial, April 18

Undertaker, Hercules Ross

Place of Business, 15 Conway St

C. W. Colburn M. D.
Medical Attendant.

Address, 333 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 55 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and number.} Baltimore City Jail

Cause of Death, First (Primary,) Inflamatory Rheumatism

Second (Immediate,)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, April 18 1880

Dr. P. Hoffman M. D.
Medical Attendant.

Undertaker, Pat. Mullin

Place of Business, S. P. Park Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 39130

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1931 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr 16. 1892.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. O. Pumphrey

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* 0 *Months,* 6 *Days.*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 1 Bolton St

Cause of Death { First, (Primary,) meningitis / Second, (Immediate,) convulsions

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 18 1892

Undertaker, L W Clare

Place of Business, No 198 Howard St.

G Lane Dunphrey M. D.
Medical Attendant.

Address, 129 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of [illegible]

OFFICE OF REGISTRAR OF VITAL STA[illegible]

Permit No. 39131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT APR 19 1880 BALTIMORE

Date of Death, April 17 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Farrow

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Union Protestant Infirmary

Cause of Death { First, (Primary.) Consumption

Second, (Immediate.)

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 19th 1880

Undertaker, Geo. B. Cook

Place of Business, No 707 W. Baltimore Street.

Chas Fawcett M. D.
Medical Attendant.

Address, 92 Mosher St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 17 April 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Gorman

Sex, Male or Female, { cross out the word not required in this line. } male

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth 12 days

Place of Death, { Give street and number } St Vincents Infant Asylum

Cause of Death, First, (Primary,) Congenital phthisis

Second, (Immediate,) Asthenia

Duration of last Sickness, from reception

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 19 1880

Martin Brewer M. D.
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 55 Liberty

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 19 1930 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Cayer

~~Male~~, or Female, {cross out the word not required in this line.}

Age, 20 Years, Months, Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md Lifelong

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Mechanic St

Cause of Death, First, (Primary,) Acute Rheumatism

Second, (Immediate,) Cardiac & Cerebral inflammation

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 20 1930

Chas A Downes M. D.
Medical Attendant.

Undertaker, [redacted]

Place of Business, Liberty St Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per on deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wendle Hughes

Sex, ~~Male or Female~~, {cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 126 S Shark

Cause of Death First, (Primary,) —

Second, (Immediate,) Congestion of Lungs

Duration of last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 19th

Undertaker, F. N. Troll

Place of Business, #131 Hanover St *Address,* 76 S Eden st

J H Mowry *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 39135

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A. Schiessl,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* Four *Months,* Three *Days.*

Color, White,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 96 Thames St.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Convulsions,

Duration of last Sickness, Three hours,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem.

Date of Burial, April 19th

Undertaker, H. C. Linder

Place of Business, 252 Eastern Av

Nicholas T. Hatchell M. D.
Medical Attendant.

Address, 207 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

(Over)

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 39136

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 19 1900 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rudolph Ackerman

Sex, Male or Female, {Cross out the words not required in this line.} M

Age, 7 *Years,* ..... *Months,* ..... *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 90 S. Spring St.

Cause of Death. {First (Primary,)} Scarlatina

{Second (Immediate,)} Uremic Convulsions

Duration of Last Sickness, 3 wks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'y

Date of Burial, April 19th 1880

Undertaker, Thos J Hughes

Place of Business, 100 E Pratt

H. T. Reynolds M.D.
Medical Attendant.

Address, Eastern Dispensary.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Sommerweck

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, barber

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, three years.

Place of Death, {Give street and number} 259 Eastern Ave.

Cause of Death, First, (Primary,)

Second, (Immediate,) Acute Nephritis

Duration of last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel.

Date of Burial, 19 April 1880

Aug. F. Esch M. D.
Medical Attendant.

Undertaker, Erhard Schlenker

Place of Business, 214 East Eutaw *Address,* 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

Permit No. 39138

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar 18 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. F. Wright

Sex, Male or Female, {cross out the word not required in this line.} M

Age, 28 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} .....

Occupation, Sand paper Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} Penna ave & Pratt & Smith sts

Cause of Death {First, (Primary,) St Peters Abdominalis

{Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 20th 1890

Undertaker, Chas T Somers

Place of Business, 217 E Eutaw

H. C. Howard M. D.
Medical Attendant.

Address, Cor Pratt & Hudson Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo...

OFFICE OF REGISTRAR OF VITAL STATISTI...

Permit No. 39139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, a... ...ad out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of sai... ...sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Chew

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, about 53 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Washer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number} 1 Grindalls Court

Cause of Death {First, (Primary,) / Second, (Immediate,)} Believed to be Pleurisy 1 week

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount St

Date of Burial, April 19/80

Undertaker, H Davis

Place of Business, 102 Low St

R. C. Lee M. D.
Medical Attendant.
Coroner S.D.

Address, Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apl 18. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen C. Whitehurst.

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.} Female

Age, 42 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 36 N. Poppleton St

Cause of Death, First, (Primary.) Valvular Disease of Heart

Second, (Immediate,) " " "

Duration of last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Apl 19th 80

Undertaker, R Merrick Sons

Place of Business, 92 N. Howard St

Thomas Opie M. D.
Medical Attendant.

Address, 58 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of/ Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schmitt

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Teamster

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Summers court (Fort avenue)

Cause of Death, First, (Primary.) Bronchitis Haemoptysis

Second, (Immediate.) Apoplexia pulmonum

Duration of last Sickness, about 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cem.

Date of Burial, April 20th

Undertaker, Boyle

Place of Business, 411 Light st

R Alves M. D.
Medical Attendant.

Address, 95 S Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39143

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 90.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Louis Gerhardt
(2) (1)

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ____ *Years,* 11 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 209 West St.

Cause of Death, First, (Primary,) Convulsions
Second, (Immediate,) Coma

Duration of last Sickness, 24 Hrs

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cemetery

Date of Burial, April 20th

Undertaker, C. Heck

Place of Business, 419 Light St.

A. H. Smith M. D.
Medical Attendant.

Address, 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39143 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A Ingard

Sex, Male or Female, {cross out the word not required in this line.}

Age, Ten *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death, {Give street and number} Mulberry Court near S.

Cause of Death, First, (Primary.) Scrofula,

Second, (Immediate,) Pyemia,

Duration of last Sickness, 3 yrs, Last sickness 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Apr 17/80

Undertaker, F A Kuchner

Place of Business, 50 S Carrollton Av

Geo C Ogle Coron M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

Permit No. 39147

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18 April

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. Sanders

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 18 *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Babb

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 157 N. Dallas St

Cause of Death, First, (Primary.) ____ Second, (Immediate,) Pneumonia

Duration of last Sickness, Unknown 10 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 19th 1880

J. D. Grupe M. D.
Medical Attendant.

Undertaker, J. J. Locks

Place of Business, 173 Jefferson St *Address,* 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18th 1890

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca McGee

Sex, Male or Female, {cross out the word not required in this line.}

Age, 26 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number} House of the Good Shepherd

Cause of Death { First, (Primary,) Pulmonary Consumption
Second, (Immediate,)

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, 19th April 1890

Undertaker, J. B. Cook

Place of Business, 707 N. Balto

Edwd F. Michael M. D.
Medical Attendant.

Address, 279 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39146

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1930 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18 1930

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Das. W. Chisolm

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 141 S. Register St.

Cause of Death, First, (Primary,) Acute Meningitis

Second, (Immediate,)

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, April 19th

Undertaker, H. Fockler

Place of Business, 246 Eastern Ave

R. W. Mansfield M. D.
Medical Attendant.

Address, 110 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BULLEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th April 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Virginia Bryan

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 32 *Years,* 1 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number } 344 Lexington St.

Cause of Death, First, (Primary,) Epilepsia Grave Tenth

Second, (Immediate,) Paralysis

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 20th 1880

Undertaker, John Thacker

Place of Business, Near Canton

N. W. Littell, M. D.
Medical Attendant.

Address, 425 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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[OVER]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 19 1920 BALTIMORE

Date of Death, April 17 ~~19~~ 20

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Baum (Raum)

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 7 *Months,* 2 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 213 Burgundale

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 19th 1920.

Undertaker, Chas Weidemeyer

Place of Business, 513 W. Baltimore St.

I G Wombler M. D.
Medical Attendant.

Address 213 W Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 39149

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18th 80.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aline Hoarn

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, b & C

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 13 Little Pine St.

Cause of Death, First, (Primary,) Peritonial Abcess.

Second, (Immediate,)

Duration of last Sickness, two Years

All the above information should be furnished by the Physician.

Place of Burial, New Sharp St. Cemetery

Date of Burial, April 19th 1880

Undertaker, Wm. P. Bishop Jr.

Place of Business, 97 Druid Hill Ave.

Louis L. Horn M. D.
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BUBLAND & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39150

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 19 1880 BALTIMORE

Date of Death, April 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Adam Wagner

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 35 — *Years,* ~~*Months*~~, ~~*Days*~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, — Car Driver —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ~~[illegible]~~ Lancaster St (Germany)

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number} No 109 Lancaster St

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, — 4 years —

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, April 19th 1880

Thomas J Evans M. D.
Medical Attendant.

Undertaker, Wm O Weaver

Place of Business, No 202 N. Eutaw St

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39151

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18th 1880

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bradley

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* 6d *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Neuralgia of heart
Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 20th 1880

Undertaker, Jas. O'Byrne

Place of Business, 63 Fremont *Address,* University Hospl

WEST M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary F. & James L. Donnan

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Parents

Age, ——— *Years,* ——— *Months,* ½ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 2 E. Essex St

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem'y

Date of Burial, April 20th 1880

Undertaker, P. Mullen

Place of Business, ——— *Address,* Comm'o of Health

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by - Geo E. Taylor

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39153

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 19
1380
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17 — 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Bogleysang

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 2 1/2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City of Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nursery & Child's Hospital.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) ____

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudenslake

Date of Burial, April 19

C. F. Braun. M. D.
Medical Attendant.

Undertaker, C. W. Slyzard

Place of Business, 201 Eastern Ave. *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Jane Henderson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* (about 8 months) ____ *Months,* ____ *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Nursery & Child's Hospital

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) (Exhaustion 8 hours)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fondelerk

Date of Burial, Apl 19

Undertaker, C. W. Blizard

Place of Business, 201 E. Pratt

C. F. Brau M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. HICKEY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39155

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. APR 19 1890 BALTIMORE

Date of Death, April 16th 1890

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin Dennis

Sex, Male or Female, { cross out the word not required in this line. }

Age, ~~Years,~~ ~~Months,~~ Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 94 N. Spring St.

Cause of Death { First, (Primary.) Consumption

Second, (Immediate.)

Duration of last Sickness, 19 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 17

Undertaker, Charles Ihl

Place of Business, 33 Graves

E. B. Finley M. D.
Medical Attendant.

Address, 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 39156

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 20 1880 BALTIMORE

Date of Death, April 19th. 1880. 9.30 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert A. McLeod

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 36 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Dentist

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Sumpter. S. C.

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} 313 North Eutaw Street

Cause of Death, First (Primary,) Phthisis - with Laryngeal Phthisis

Second (Immediate,) Asthenia

Duration of Last Sickness, 4 Mo:

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 21st 1880

Undertaker, John A. Weaver & Co

Place of Business, # 22 W. Fayette St

Samuel Johnston M. D.
Medical Attendant.

Address 80 W. Monument.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clara Eisemann

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 12 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt^e city

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 16 Douglas St.

Cause of Death { First, (Primary,) Pneumonia (asthenic)

{ Second, (Immediate,)

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Helena Cem^y

Date of Burial, April 21st 1880

Geo. B. Fonerden M.D.
Medical Attendant.

Undertaker, Wm. Eilau

Place of Business, 101 Gough St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39158

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 20 1880
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apl. 19. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gliemer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Sixty four Years, — Months, — Days.

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 4 Snyder Ct.

Cause of Death, First (Primary,) Heart disease

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery

Date of Burial, April 22

Undertaker, Wendelin Gissel

Place of Business, Bond St. 151

D. C. Leland M. D.
Medical Attendant.

Address Crown E. Fish

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Foster

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 52 *Years,* 4 *Months,* 4 *Days.*

Color, White;

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Oyster Opener,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, 19 years.

Place of Death, {Give street and number} No. 271 S. Durham,

Cause of Death { First, (Primary.) ; Second, (Immediate,) Epilepsy.

Duration of last Sickness, Two Weeks,

All the above Information should be furnished by the Physician.

Place of Burial, Retreat Cemetery

Date of Burial, ~~Sat. at Noon~~ April 20th

Undertaker, Wenzlein Dippel

Place of Business, Bond & 151

Nicholas L. Dashiell M. D.
Medical Attendant.

Address, 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39160 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Farrow

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 46 *Years,* *Months,* *Days*

Color, Colard

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Barber

Birthplace, {State or country (and how long in United States, if of foreign birth.)} State of N. J.

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number.} No. 154 York St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 21 1880

Undertaker, S M Chase

Place of Business, No 198 Howard St

T H Buck *M. D.*

Medical Attendant.

Address, No 36 Davis St Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 20 1880
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Stevenson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Sixty five *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Forty five years

Place of Death, {Give street and number} No 125 North Eden St

Cause of Death, First, (Primary.)

Second, (Immediate,) Congestion of the lungs

Duration of last Sickness, About three days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 22nd

Undertaker, George Schilling

Place of Business, 4 7th Land Square

Milton J. Turner M. D.
Medical Attendant.

Address, Broadway & Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39162 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Owens

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 70 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cross Hill Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Cor. John and Valley Sts

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Consumption

Duration of last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 21st 1880

Undertaker, Lindy & Mellvaine

Place of Business, ...

Wm. Brooke Boyle M. D.
Medical Attendant.

Address, 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39163

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 20 1880 BALTIMORE

Date of Death, June 18th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Moore

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 19 *Years,* ..... *Months,* ..... *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~; { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 272 Orleans St

Cause of Death, { First, (Primary.) Tubercular Consumption

Second, (Immediate.)

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Apr 19th 1880

Undertaker, Geo J. [illegible]

Place of Business, 73 [illegible] *Address,* Broadway & Madison St

H. E. Russell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. O'DONNELL & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39164 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#39164

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Laughirk

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One (1) *Years,* Six (6) *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Salt City Illinois

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 211 North Dallas St

Cause of Death, First, (Primary.) Acute Pneumonia

Second, (Immediate.) Asphyxia

Duration of Last Sickness, Eight (8) Days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, April 20 1880

Undertaker, Henry Hoeli

Place of Business, 369 Cath Ave Address, Cayer [illegible]

J. E. Slemm M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 39165

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#39165

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Walter

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ——— *Years,* ——— *Months,* Twenty one (21) *Days.*

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 607 Canford Avenue

Cause of Death, First, (Primary.) Congenital Syphilis

Second, (Immediate.) ———

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, April 21 1880

Undertaker, Henry Reese

Place of Business, 309 Canal *Address,* Cor Canon Gartlin Sts

Sir Selous M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~204 E Eager~~ April 19th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ino Fitzkrail

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 yr

Place of Death, {Give street and number} 254 E Eager

Cause of Death {First, (Primary,) Tuberculosis

{Second, (Immediate,) Exhaustion

Duration of last Sickness, about 2 yr

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, April 21 1880

Undertaker, Henry Hoch

Place of Business, 309 Canton Ave *Address,* 256 N Eden st

J. Albaugh M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate childreh.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Everet,

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, Twenty Eight *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Seven Years.

Place of Death, {Give street and number} 241 N. Front St

Cause of Death {First, (Primary,) Phthisis Pulmonalis

{Second, (Immediate,)

Duration of last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Ont. ~~Point~~ Grave

Date of Burial, April 21st, 1880

Undertaker, Jno. H. Hutchinson

Place of Business, 234 E. Lay St *Address,* 137 N. Eden St

J. A. P. Lewis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39168

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. A. Lee

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, [illegible] *Years,* [illegible] *Months,* [illegible] *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 105 Lee St.

Cause of Death, First, (Primary,) Pleurisy

Second, (Immediate,) Asthma

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 23

W. S. Booze M. D.
Medical Attendant.

Undertaker, Geo W Perkins & Co

Place of Business, 130 Henrietta Address, 204 Shakspeare

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39169

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19 April 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgie Ringold

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the ~~City of~~ Baltimore, In Institution 6 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Congestion of Lungs

Second, (Immediate,) ____

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 20 1880

Undertaker, Jno Brannigan

Place of Business, 15 & Division St.

Mortimer Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OV48.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 19 April 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Clark

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* about 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, Institution 10 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) very small infant - in appearance of Mor

Second, (Immediate,) Child died from Asphexia from Birth

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 20. 1880

Undertaker, Jos Brannigan

Place of Business, 156 Division St

Mortimer Brewer M. D.
Medical Attendant.

Address, 54 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 39171

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence Frey

~~*Sex,*~~ *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 4 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 388 N. Gilmor St

Cause of Death, First (Primary,) Indigestion.

Second (Immediate,) Convulsions

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician

Place of Burial, Green. Cemetery

Date of Burial, April 21st 1881

Undertaker, M. A. Darger

Place of Business, 228 Madison Avenue

J. D. Ogbtart M. D.

Medical Attendant.

Address 219 N. Carey St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Brown

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, W.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 35 Hanselle st

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 20th 1881

Undertaker, Armstrong & Denny

Place of Business, 263 Light st

H. N. Webster M. D.
Medical Attendant.

Address, 57 E Pratt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Albert Miller

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* Five *Months,* Twenty four *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross ont the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} #557 W Lombard st.

Cause of Death { First, (Primary,) Meningitis
Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 20th 1886

Undertaker, Chas. T. Sisson

Place of Business, 2210 Eutaw st

C. G. Smithson M. D.
Medical Attendant.

Address, 584 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Tolson

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* Four *Months,* ____ *Days.*

Color, Dark

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } No. 371 West St.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Convulsions

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemet.

Date of Burial, April 21st 1880

Undertaker, G. H. Perkins & Co

Place of Business, 130 Hanover St

E. J. Lyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07-8.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39175 #39175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary M. Earl

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* ~~20~~ *Months,* / *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, House wife

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore city,

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number.} 464 South Chas St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, April 21. 1880

Undertaker, J. B Blackistonsom

Place of Business, 606 Bate st

Chas. H. Steele M. D.
Medical Attendant.

Address 166 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apl 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Lewis

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 18 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} 18 Aisquith St

Cause of Death, First (Primary,) .....

Second (Immediate,) Consumption

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Locust Cemetery

Date of Burial, Apl 20 1880

Undertaker, William Dorsey

Place of Business, No 62 East St

F. A. Gillis M.D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Gray

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, unknown 30 *Years,* — *Months,* — *Days.*

Color, Blk

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, — none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co. Md

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number} ~~2nd~~ 36 E Durham

Cause of Death, First, (Primary.) Consumption

Second, (Immediate,)

Duration of last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Anne A. Co. Md

Date of Burial, April 21 1880

R. W. Mansfield M. D.
Medical Attendant.

Undertaker, L. A. White

Place of Business, Granby St *Address,* 117 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie Dorsey

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 0 *Years,* 3 *Months,* 2 *Days.*

Color, Dark. Brown

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number} No 1 Upton st

Cause of Death, First, (Primary,) Unknown

Second, (Immediate,) Marasmus

Duration of last Sickness, one months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem'y

Date of Burial, April 21 "1886

B F Bohrer M. D.
Medical Attendant.

Undertaker, P. Kummel

Place of Business, Mulberry St *Address,* Cor Dolphin & Rose

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0748.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39179

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } H. C. Andrew

Sex, Male or Female, { cross out the word not required in this line. } Male.

Age, 55 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. } .....

Occupation, Gate Keeper

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Penna

Duration of Residence in the City of Baltimore, One Year

Place of Death, { Give street and number } 413 Stricker St

Cause of Death, { First, (Primary,) Pulmonary Congestion / Second, (Immediate,) .....

Duration of last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Stone Chapel Baltimore Co Md

Date of Burial, April 21

Undertaker, [illegible]

Place of Business, 201 [illegible]

G. W. Norris M. D.

H. Goldsmith Medical Attendant.

Address, Cor Stricker & Pratt Sts

Cor Harlem Ave & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 39180

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 21 1880 BALTIMORE

Date of Death, April 20 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine MacKenzie Kennedy

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 76 *Years,* *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Farmer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Sixty years (at time of death)

Place of Death, {Give street and number.} 1313 Park Ave

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) Want of breath, Sinking

Duration of Last Sickness, Sick to bed, Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, April 22nd 1880

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

H. Batterhold M. D.
Medical Attendant.

Address, 20 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 21 1880 BALTIMORE

Date of Death, April 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Diggs

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~~ *Years,* 4 *Months,* ~~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 216 E. Howard St

Cause of Death, First, (Primary,) Mal Nutrition

Second, (Immediate,) Atrophy

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 21st 1880 John A. Steuart M. D.

Medical Attendant.

Undertaker, G. W. Perkins

Place of Business, 130 Henrietta St *Address,* Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by Jas. V. Fitzpatrick

Board of Health, City of Baltimore,

Permit No. 39182

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Hammond Sellers

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 64 N. Poppleton St.

Cause of Death, First, (Primary,) Malignant Scarlatina

Second, (Immediate,) Cerebral Paralysis

Duration of last Sickness, 40 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 22

Undertaker, J. H. Cook

Place of Business, 707 & 709 W. Baltimore

Hammond & Mueller M. D.
Medical Attendant.

Address, 64 N. Pine

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 21 1890

Date of Death, April 20 1890

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A. Sloan

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 25 *Years,* 2 *Months,* 15 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 35 Chimes St

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, R.C. St Patrick's Cemetery

Date of Burial, April 22nd 1890 Theodore Bruns M. D.

Medical Attendant.

Undertaker, F. X. Grall

Place of Business, #131 Hanover St *Address,* 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39184

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE!

HEALTH DEPARTMENT APR 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20, 80

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis H Gaghagan

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 54 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} 81 S. Fremont

Cause of Death, First (Primary,) Organic Disease of the Heart

Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Apl 21st 1880

J F Hamilton M. D.
Medical Attendant.

Undertaker, Wm R Cook

Place of Business, No 707 W Baltimore street

Address 241 N Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 39185

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Young.

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* two *Days.*

Color, white.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} 21 Barnes St.

Cause of Death {First, (Primary,) ; Second, (Immediate,)} Asthenia.

Duration of last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 21 1880

{*Undertaker,* James P Byrne

{*Place of Business,* 413 E Fayette St

Aug. F. Erich *M. D.* Medical Attendant.

Address, 94 E. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39186

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April. 19th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Mc Quade

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty — *Years,* ——— *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} President St & Eastern ave

Cause of Death, {First (Primary,) Pistol shot wound of brain (Suicide)

{Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery D. C. Belvidere

Date of Burial, April 22 1880

Undertaker, Jas. P. Byrne

Place of Business, 63 Hanover

Address Coroner E. D.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39187

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH APR 21 1880 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Tarrant Bayley

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, Four *Years,* Eight *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ——————

Occupation, ——————

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 43 E Biddle St

Cause of Death First, (Primary,) Clinic Croup

Second, (Immediate,)

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem'y

Date of Burial, April 27th 1880

Undertaker, John Lahr

Place of Business, 161 E Balto St

Appleman M. D.
Medical Attendant.

Address, 137 N Eden ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19th at 4-30 P M 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lizzie Webster

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 10 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 12 Hulls Lane City

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give street and number} No 12 Hulls Lane

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury evergreen

Date of Burial, April 21

Hamlet G. Wilson M. D.
Medical Attendant.

Undertaker, Charles A. White

Place of Business, 95 E Granby st *Address,* 81 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 21 1890 BALTIMORE

Date of Death, April 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm B O'Reilly

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Physician

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 235 N Broadway

Cause of Death { First, (Primary,) ? / Second, (Immediate,) Hamiltons

Duration of last Sickness, About 18 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, April 22nd 1890

Undertaker, J. F. Curran

Place of Business, 53 S. Broadway *Address,*

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 21 1880
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 20th 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Seiples

Sex, Male or ~~Female~~, { cross out the word not required in this line. } Male

Age, 20 *Years,* — *Months,* — *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation, Waiter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } U. S.

Duration of Residence in the City of Baltimore, 7 days

Place of Death, { Give street and number } City Hospital

Cause of Death, First, (Primary,) Peritonitis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, E. S. Cemetery

Date of Burial, April 20

Undertaker, Patrick Mullin

Place of Business,

J. H. Branham M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR
21
1880
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 19. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Holzhausen

Sex, Male or Female, {cross out the word not required in this line.}

Age, 21 *Years,* 11 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 257 s Durham str.

Cause of Death, First, (Primary,) Consumption.

Second, (Immediate,)

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'y

Date of Burial, April 21st

Undertaker, H. Frechlich

Place of Business, 246 Eastern Av

John S. Litzer M. D.
Medical Attendant.

Address, 160 Saratoga str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Kate Piper

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 46 *Years.* *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 132 Pennsylvania Ave

Cause of Death, First (Primary,) Cancer Uteri

Second (Immediate,) Hemorrhage & Debility

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, April 21st 1880

J. R. Mahler *M. D.*
Medical Attendant.

Undertaker, Wm J Hooker

Place of Business, Park & Fayette Sts *Address* 334 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank A. Hahn

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 182 Conway

Cause of Death { First, (Primary,) Gastro Intestinal Irritation
Second, (Immediate,) Haemorrage

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, April 22d 1880

Undertaker, John Mucher

Place of Business, Pico & Lamdin *Address,*

D. P. Moffett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Gross

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~ Years, 3 Months, ~~ Days.

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 12 Peach alley between Henrietta & Montgomery St

Cause of Death, First, (Primary,) Mal Nutrition — Convulsions

Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, April 21 "1880

Thos A Steele M. D.

Medical Examiner

Undertaker, F. A. Kerchner

Place of Business, Corrollton ave *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by — John E. Durding

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39195

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgeanna Dorsey

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, Twenty Two *Years,* ——— *Months,* ——— *Days.*

Color, Black

~~Married~~ *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co

Duration of Residence in the City of Baltimore, Nine Years

Place of Death, {Give street and number} 224 Vine St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Exaustion

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Ap 21 1880

T. F. McCormick M. D.
Medical Attendant.

Undertaker, Wilkins Morgan

Place of Business, No 62 East St

Address, 454 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 20th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H McKinzie

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 21 *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number} 6 Dorsey's Court

Cause of Death First, (Primary.) Pneumonia

Second, (Immediate.) 1 week

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Apr 21st 1881

Undertaker, H. Hayward

Place of Business, Laurel Md near Gay

Silas N Hemsley M. D.
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. MURRAY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Ahern

Sex, Male or Female, {cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} House of the Good Shepherd

Cause of Death { First, (Primary,) Acute Pulmonary Consumption
Second, (Immediate,)

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Apr 22d 1880

Undertaker, J. B. Cook

Place of Business, 707 W. Balt

Chas F. Nicholls M. D.
Medical Attendant.

Address, 279 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 37198

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

#39198

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 22 1880 BALTIMORE

Date of Death, April 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johann & Hana Herbst

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Eighty So Years, Ten (10) Months, Three (3) Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Tailor

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} 36 S. E. Eager Street

Cause of Death, First, (Primary.) Emphysema Senilis

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ft Lyon Cemetery

Date of Burial, April 22, 1880

Undertaker, Henry Hoyt

Place of Business, 309 Central Ave Address, 36 E Eager Street

Chr Blum M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 22 1880

CERTIFICATE OF DEATH.

Date of Death, April 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilbur Reay

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 10 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 39 N. Gilmor St.

Cause of Death, First, (Primary,) The Whooping Cough

Second, (Immediate,) Pneumonia

Duration of last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 22nd 1880 H. O. McKinney M. D.

Medical Attendant.

Undertaker, S. M. Leonard & Son

Place of Business, 782 W. Baltimore *Address,* 582 N. Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39208

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 22 1880
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas A. Hadel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore md

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} Liberty Road west of Fulton av. Baltimore

Cause of Death, First (Primary,) Pulmonary Phthisis. Cavity in right lung.

Second (Immediate,) Asthenia

Duration of Last Sickness, about a year, as stated: seen first by myself March 23d 1880

All the above information should be furnished by the Physician.

Place of Burial, Green Mount [illegible] S. E. Chew M. D.

Date of Burial, [illegible]

Medical Attendant.

Undertaker, [illegible] *Address* 141 Lanvale St.

Place of Business, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 39201

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Chissler

Sex, Male or Female, {cross out the word not required in this line.}

Age, Thirty One *Years,* Eleven *Months,* two *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, O

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number} No 199 E Eagar Str.

Cause of Death First, (Primary,) Cancer of the Throad

Second, (Immediate,) Suffocation

Duration of last Sickness, Three Mths

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cem

Date of Burial, April 22 1880 John I Fiser M. D.

Medical Attendant.

Undertaker, Henry Hagel

Place of Business, 304 Central Av *Address,* 160 Saratoga St Balt Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39202 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

#39202

CERTIFICATE OF DEATH.

DEPARTMENT OF HEALTH APR 22 1880

Date of Death, April 21st 1880

Full Name of Deceased, { Write legibly and spelt correctly. If an Infant not named, give names of parents. } Georg Hellermann

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Eighty (80) *Years,* Nine (9) *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Stone Mason

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, { Give street and number. } 253 East Hanover Street

Cause of Death, First, (Primary.) Cerebral Extravasation (Apoplectic)

Second, (Immediate.) Paralysis (right hemiplegia

Duration of Last Sickness, Two (2) Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, April 23 1880

Undertaker, Henry Hoch

Place of Business, 309 Central Ave

F. M. Sloan M.D.,
Medical Attendant.

Address, 7 Eager cor Lee St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 39203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

APR 22 1880 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Stinson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Aye, 50 *Years,* *Months,* *Days.*

Color, C

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Cook.

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Charles County Md.

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} 322 Montgomery

Cause of Death {First, (Primary.) Cancer Cake / Second, (Immediate,) Pulmonary Consumption / Four Months ill

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 22d 1880

Undertaker, Wm. James Gray

Place of Business, 45 Mulberry St *Address,* 64 N Paca St

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 39204

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 22 1880 BALTIMORE

Date of Death, April 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter A Hennatte

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, 2 *Years,* *Months,* *Days.*

Color, White *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Front St near of Locust

Cause of Death, First (Primary,) Congestion of Kidney

Second (Immediate,) Pneumonia

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, April 24 1880

Undertaker, Jas. C Byrne

Place of Business, 63 Hump *Address* Light St

Jr H Wilkinson M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 21, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Vancourt

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 69 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Saddler

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give street and number} 644 W. Lombard

Cause of Death First, (Primary,) Valvular disease of heart

Second, (Immediate,)

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 23d 1880

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St.

J. Lee Hood M. D.
Medical Attendant.

Address, 2 N. Carey st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
APR 22 1880
BALTIMORE

Date of Death, April 20th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Lupert.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 29 *Years,* — *Months,* — *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation, Saloon keeper.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 7 yrs.

Place of Death, {Give street and number} University Hospital or Penn & Lombard Sts.

Cause of Death { First, (Primary,) Cirrhosis of the Liver
, Second, (Immediate,) Apnoea.

Duration of last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Wes Pub Cemetery

Date of Burial, Apr 21/80

Undertaker, F A Kirchner

Place of Business, 50 S Carrollton Av

C. E. Gregg M. D.
Medical Attendant.
Assist Resident Physician
Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39207 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

#39207

CERTIFICATE OF DEATH.

Date of Death, April 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah + Theyers James — Parents

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 188 L Constitution St—

Cause of Death, First, (Primary.) 7 Months child

Second, (Immediate.) Spasms

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, April 22nd 1880

Wm. Whitridge, M.D.,
Medical Attendant.

Undertaker, James Myerse

Place of Business, Chas + Reed Sts *Address,*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Darby

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, *Years,* 22 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland Caroline Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary.) Double Pneumonia
Second, (Immediate.)

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Wes Pub Cemetery

Date of Burial, Apr 22/80

Undertaker, F A Kercher

Place of Business, 50 Saratoga St

Wm Keyser M. D.
Medical Attendant,

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Jimmerman (mothers name)

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City. (University Hospital)

Duration of Residence in the City of Baltimore, 1 day.

Place of Death, {Give street and number} University Hospital. Cor. Green & Lombard Sts.

Cause of Death { First, (Primary.) Inanition.
Second, (Immediate.) Asthenia.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W.E.S. Pub. Cemetery

Date of Burial, Apr. 21/80

Undertaker, F. A. Kerchner

Place of Business, 50 S. Hamilton Ave

C. E. Mayo. M. D.
Medical Attendant.
Asst. Resident Physician

Address, University Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39210 #39210

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 22 1880 BALTIMORE

Date of Death, April 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph W. Cross

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 532 W. Pratt St.

Cause of Death, {First (Primary,) Inanition

Second (Immediate,).

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, April 22nd 1880

{*Undertaker,* Jos. B. Cook

Place of Business, No 707 W Baltimore Street} *Address* 63 Franklin St

A. W. C. Cinder M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday April 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdline Richards

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* 12 *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hair St

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 125 Elliott St

Cause of Death { First, (Primary,) Gastred Gastricum
Second, (Immediate,) Tonic Spasm

Duration of last Sickness, 3 Was called in when in the Spasm fit.

All the above information should be furnished by the Physician.

Place of Burial, Fleet st. Cemetery

Date of Burial, April 23 84

Undertaker, Wendelin Diffpel

Place of Business, So. Bond st. 151

J E Richard M. D.
Medical Attendant.

Address, 28 O Donnell st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21 April 1890

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martin Linz

~~*Son, Male or Female,*~~ { cross out the word not required in this line. }

Age, ~~—~~ *Years,* 15 *Months,* ~~—~~ *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 93 S. Ann St

Cause of Death, { First, (Primary,) Pneumonia / Second, (Immediate,) Collapse

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Fleet at. Cemetery

Date of Burial, April 23

Undertaker, Wendelin Diffpel

Place of Business, S. Broad at. 151

J. Hutchen M. D.
Medical Attendant.

Address, Baltimore St. 245

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Martin

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 12 Hall's ~~St~~ alley

Cause of Death, First, (Primary,)

Second, (Immediate,) "Meningitis"

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 22 1880

Undertaker, Wm. C. Burgee

Place of Business, No 10 Stockton, St

W. Ross M. D.
Medical Attendant.

Address, 582 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39214

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 23 1880 BALTIMORE

Date of Death, April 21. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Peter Hinton

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Hair Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number} 80 E. Fayette St

Cause of Death {First, (Primary,) Paralysis

{Second, (Immediate,) 6 mos

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park.

Date of Burial, April 23rd, 1880.

Undertaker, W. H. Hickman

Place of Business, 234 N. Gay St.

I. H. Hook M. D.
Medical Attendant.

Address, 75 E. Balt. St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* t, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, apr 22 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Cahill

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} me Henry St 170

Cause of Death First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, April 24th 1880

Undertaker, Jno. B Beck

Place of Business, No 707 E Baltimore Street

Chas A Donovan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Finney

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, about 14 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Va

Duration of Residence in the City of Baltimore, about 4 years

Place of Death, {Give street and number.} 138 South St.

Cause of Death, First (Primary,) —

Second (Immediate,) Typhoid fever

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, April 16 1880

Undertaker, Hercules Ross

Place of Business, 95 Conway st

R. C. Lee M.D.
Medical Attendant.

Address, N. W. cor. Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
APR
03
1890
BALTIMORE

Date of Death, April 22d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Nash

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Twenty *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Petersburg Virginia

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and number.} 140 Constitution St.

Cause of Death, First (Primary,) Chronic Gastritis

Second (Immediate,) Hemorrhage

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, John L. Jordan

Undertaker, 1863 Park Ave

Place of Business, John L. Jordan

Thomas Sappington M. D.
Medical Attendant.

Address 70 Centre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Williams

~~*Male, or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* — *Days.*

Color, Color *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md,

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 45 Perry St

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) 6 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 23. 1880

J. Ashman **M. D.**
Medical Attendant.

Undertaker, John E. Jordan

Place of Business, 163 Park Av *Address* Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 39219 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#39219 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A. Kalbfus

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 217 Gough St.

Cause of Death, First, (Primary.) Albuminuria (Bright's disease)

Second, (Immediate.)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, April 24th 1880

Undertaker, Denny & Mitchell

Place of Business, 66 S Broadway

R. N. Mansfield M.D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 39220 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 20. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Louisa Fredenica Stolzy

Sex, Male or Female, {cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and number} 15 ½ Saratoga ste.

Cause of Death, First, (Primary,) Tumor on the liver

Second, (Immediate,) Dropsy

Duration of last Sickness, one year.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 23d 1880

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,* 160 Saratoga ste.

John I. Litzer M. D.
Medical Attendant.

HEALTH DEPARTMENT APR 23 1880 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2 And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39221

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Hall

Sex, Male or Female, {cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, Twelve Years

Place of Death, {Give street and number} 321 Hanover St

Cause of Death, First, (Primary.) Phthisis.

Second, (Immediate,) Asthenia.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 23 1880

J. F. Buck M. D.
Medical Attendant.

Undertaker, Hercules Ross

Place of Business, 95 Conway St *Address,* 201 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BOHANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39222

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Norris

Sex, Male or Female, {cross out the word not required in this line.}

Age, 66 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, White or Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Lancaster Co Virginia

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} 207 Carrollton Avenue

Cause of Death First, (Primary,) Paludism

Second, (Immediate,) Congestion

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, April 25th 1880

D. P. Hoffman M. D.
Medical Attendant.

Undertaker, John N. Weaver & Co.

Place of Business, # 22 W. Fayette St. | *Address,* # 279 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR
22
1880
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thos. D. Horner

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 2 *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } S

Occupation, X

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } Rear 5 & 7 Hills

Cause of Death, First, (Primary,) Cerebro Intermittent Fever

Second, (Immediate,)

Duration of last Sickness, 5 Days.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 23rd 1880

Undertaker, Chas. H. Grove

Place of Business, 102 N. Front St.

Jno. C. Daniels M. D.
Medical Attendant.

Address, 396 Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis M. Burkmeyer

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 21 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 530 W. Pratt St

Cause of Death, First, (Primary,)

Second, (Immediate,) Sloughs

Duration of last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 23rd 1880

Undertaker, I. B. Cook

Place of Business, W. Balto St

J. Thos. Steele M. D.

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examd by - I. E. Burdine

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Hoffman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months,* — *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 135 Peirce St

Cause of Death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of last Sickness, 1½ months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, April 24th 1880

Wm. H. Stuart M. D.
Medical Attendant.

Undertaker, P. Kummerle

Place of Business, Mulberry St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Brown [OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23d. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Dashiell.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 5 *Years,* 4 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 26 Cross st

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Cerebritis

Duration of last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, St. Alphons Cemetery

Date of Burial, April 25

Undertaker, B. Hauk

Place of Business, 411 Light St.

Thos. E. Smith M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 23rd 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Howard Ryan

Sex, Male or Female, {cross out the word not required in this line.} M

Age, 1 *Years,* 3 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 329 Hartford Ave.

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,)

Duration of last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 25th

Undertaker, Geo Schilling

Place of Business,

W. Brooke Boyle M. D.
Medical Attendant.

Address, 16 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it farther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39228

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Julia Fowler

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia Penn U.S.A.

Duration of Residence in the City of Baltimore, 5th Years

Place of Death, {Give street and number} 41 N. Eutaw St

Cause of Death First, (Primary,) Brights Disease

Second, (Immediate,) Lung Trouble

Duration of last Sickness, (6) Six Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Apr. 25/1890

Undertaker, Thos. S. Hughes

Place of Business, 238 Madison Ave

Thomas Shearer M. D.
Medical Attendant.

Address, 97 E. Chase St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTED BY J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39229

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 23 1880 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Augustus Cornicki

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 12 *Years,* 6 *Months,* *Days.*

Color, Colored *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 95 Conway St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Gangrene of Lung

Duration of Last Sickness, About 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loyola cemetery

Date of Burial, April 24

Undertaker, Theodore Cass

Place of Business, 95 Conway St *Address* 119 Edmondson Ave

J. Harvey Hill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No 39230

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Reese

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* 3 *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 283 Madison Avenue

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemetery Harford Road

Date of Burial, 24th April 1880

A. J. Bell M. D.
Medical Attendant.

Undertaker, H & W Jenkins Son

Place of Business, 16 Light St.

Address 234 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22th April 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharina Hoffmann

Sex, Male or Female, { Cross out the words not required in this line. }

Age, 7a. *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and number. } 169 E. Fielding

Cause of Death, { First (Primary,) / Second (Immediate,) } Ileus or intussusception

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery

Date of Burial, April 24 1880

Undertaker. Henry Hoeck

Place of Business, 329 Central Ave

C Hoffman M.D.
Medical Attendant.

Address, 57 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 39432 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 22 1930 BALTIMORE

Date of Death, April 22 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Gloth[illegible]

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 2 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City Since birth

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 284 Hig[illegible] with Street

Cause of Death, First, (Primary.) Acute Meningitis

Second, (Immediate.)

Duration of Last Sickness, Five (5) Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Apr 24 1880

Undertaker, Henry Hoch

Place of Business, 304 Central Ave

Jno Sloan M.D.,
Medical Attendant.

Address, S.E. Cor Fairlawn Street

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 39233

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~April 22d~~ April 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cosgrove

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, Can Maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and number.} 261 Canton ave.

Cause of Death, First, (Primary.) Inflammation of Liver

Second, (Immediate.)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, April 22. 1880

Undertaker, H. A. Dayer

Place of Business, 74 S. Broadway

R. W. Mansfield M.D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1880 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Meyerowitz

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 6 4 *Years,* 5 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Entire Life time

Place of Death, {Give street and number} 450 E Baltimore St.

Cause of Death { First, (Primary,) Apoplexy

, { Second, (Immediate,)

Duration of last Sickness, About two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, April 24 1880

{ *Undertaker,* H. A. Dayer

{ *Place of Business,* 74 S. Broadway

D. M. Cathell M. D.
Medical Attendant.

Address, 211 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 39235

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas H. Lucas

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} Nr 78 N Broad St

Cause of Death, First, (Primary.) Chronic Bronchitis

Second, (Immediate.)

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, April 25 1880

Undertaker, Fry & Bro

Place of Business, 54 N Broadway

W. L. Russell M. D.
Medical Attendant.

Address, Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39236

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 39238 April 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oden J. Bird

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B City 1 Yr.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 249 Baltimore,

Cause of Death {First, (Primary,) Pneumonia — Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, April 25 80

Undertaker, Brolin & Dun

Place of Business, No 2 & 4 Light St

R. L. P. Elles M. D.
Medical Attendant.

Address, 316 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 392[illegible]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

[redacted]

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 24 1880 BALTIMORE

39237 CERTIFICATE OF DEATH.

Date of Death, April 23rd 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Stitz

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Sixty nine (69) *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Tailor

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, { Give street and number. } 458. E. Gay Street

Cause of Death, First, (Primary.) Senility (old age)

Second, (Immediate.)

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 25 April

Undertaker, Adam Fink

Place of Business, 461 E. Gay St. *Address,* [illegible]

[illegible] M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39238

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH APR 24 1920 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Graim Baumbacker

Sex, Male or Female, {cross out the word not required in this line.}

Age, 77 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, 35

Place of Death, {Give street and number} 428 N Caroline

Cause of Death, First, (Primary,) Old Exhaustion

Second, (Immediate,)

Duration of last Sickness, Confined to his bed 4 weeks

All the above infor[redacted] Greenmount cem

Place of Burial [redacted] Wright

Date of Burial, [redacted] M. D.

Medical Attendant.

Undertaker, Chas T. Bennett

Place of Business, 271 N Eutaw Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

[redacted], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39239 #39239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredericka Biedermann

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* 30 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} S W cor Chas & Bennett sts

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Bronchitis

Duration of last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bal Cem

Date of Burial, April 25th

Thos Cook M. D.
Medical Attendant.

Undertaker, Julius Hauck

Place of Business, Miller St Nr 12 *Address,* 146 Chas

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. #39240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline Maud Jarrett

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 5 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 5 months 23 days

Place of Death, {Give street and number} 50 Ridgely St

Cause of Death First, (Primary,) [redacted] Congestive trouble

Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 25th 1880

Undertaker, Wm J. Tilden

Place of Business, 65 S. Eutaw St

Jos. E. Blagett M. D.
Medical Attendant.

Address, 18 S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hawkesley

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 56 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~; {Cross out the word not required in this line.}

Occupation, Iron

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} London

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and number} 278 E Biddle Town

Cause of Death, {First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2

All the above information should be furnished by the Physician.

Place of Burial, Waverly Balt County

Date of Burial, 25 April 4 O'Clock

Undertaker, George C Rademuyer

Place of Business, 38 Eutaw St *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...an, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39744 #39242

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr 22 nd — 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William & Alice Sampson

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male (Parents)

Age, ____ *Years,* ____ *Months,* 1 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 1 day

Place of Death, {Give street and number} 33 Bathurst

Cause of Death, First, (Primary,) Craniotes

Second, (Immediate,)

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 25th

Undertaker, Abraham Wayman

Place of Business, 13 E. Saratoga St.

F. B. Dudley M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[redacted], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39143 #39243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 22 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Comish

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, [redacted] *Years,* Five *Months,* [redacted] *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 7 Sawyer Street

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number} No 3 Jones Court

Cause of Death First, (Primary,) Neglected Cold and exposure

Second, (Immediate,) Congestion of the Lungs

Duration of last Sickness, about 2 months as near as I can learn

All the above information should be furnished by the Physician.

Was called to the case yesterday and too late.

Place of Burial, Dallas St Cemy

Date of Burial, April 25th 1880

Undertaker, John W Locke

Place of Business, Wolf St

[redacted] M. D.
Medical Attendant.

Address, 169 Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Hannah Brown.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* 6 *Months,* *Days.*

Color, White. *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md. (Howard Co.)

Duration of Residence in the City of Baltimore, 14 yrs.

Place of Death, {Give street and number.} 124 N. Fayette.

Cause of Death, First (Primary,) Ulceration Stomach.

Second (Immediate,)

Duration of Last Sickness, 4 Wks.

All the above information should be furnished by the Physician.

Place of Burial, Howard County Md Jos. G. Middleton M. D.

Date of Burial, April 26th 1880 Medical Attendant.

Undertaker, Wm Machen Address

Place of Business, Park & Fayette Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39245

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Smith.

~~Son~~, *Male* ~~or Female~~, {Cross out the words not required in this line.}

Age, 57 *Years,* *Months,* *Days*

Color, Colored.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Accomack Co. Va.

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and number.} No 166 Tyson Street.

Cause of Death, First (Primary,) Hemiplegia (Left,)

Second (Immediate,) Neurasthenia.

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Fausel Cemetery

Date of Burial, April 26th 1880

Undertaker, Wm Keay

Place of Business 65 Hanover st

M. D.
Medical Attendant.

Address, N. West Liberty Street.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Tilman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 17 *Years,* 2 *Months,* 1 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 103 N. Chestnut St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 1½ yrs.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 24th. 1880

Edwin B. Fenby M. D.
Medical Attendant.

Undertaker, Abraham Hyman

Place of Business, 3 Saratoga St

Address, 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bailey

Sex, Male or Female, {cross out the word not required in this line.}

HEALTH DEPARTMENT APR 24 1880 BALTIMORE

Age, 78 *Years,* *Months,* *Days.*

Color, White

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia & Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 130 Cross St.

Cause of Death First, (Primary,) Senility

Second, (Immediate,) Diarrhoea

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, April 25

Undertaker, Wm H & D Love

Place of Business, 163 W Balt

R H Ellis *M. D.*
Medical Attendant.

Address, 315 Fifth St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 1880 BALTIMORE

Date of Death, April 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Hester Lewis

Sex, Male or Female, {cross out the word not required in this line.}

Age, Thirty Five *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Accomack Co. Va.

Duration of Residence in the City of Baltimore, Thirteen Years

Place of Death, {Give street and number} 130 W. Fayette St.

Cause of Death, First, (Primary.) Intussusception Intestines

Second, (Immediate.) Carcinoma

Duration of last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. cemetery

Date of Burial, April 25 1880

Undertaker, Hurdes Ross

Place of Business, 95 Conway St

G. R. Peelen — M. D.
Medical Attendant.

Address, 130 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 39249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie May Speddent.

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Months,* 2 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 35 Lemon St

Cause of Death First, (Primary,) Whooping Cough.

Second, (Immediate,)

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 24th 1880

Undertaker, S. McLeonard & Son

Place of Business, 782 W. Baltimore St

W. H. Keyser M. D.
Medical Attendant.

Address, N. W. Fayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Merritt Haughey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* 8 *Months,* 9 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New Castle Delaware

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number.} 18 Baker St

Cause of Death, First (Primary,) Old Age

Second (Immediate,) General decay of powers

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Chas E Sadtler M. D.

Date of Burial, April 25 Medical Attendant.

Undertaker, C W Blizzard *Address* 649 Penna Ave

Place of Business, 20 Ken

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23d 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelade K. Eggers

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 41 *Years,* 3 *Months,* 15 *Days.*

Color, White.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 38 Yrs

Place of Death, {Give street and number} 5-7 Conway St.

Cause of Death, First, (Primary,) Chronic Valvular Dis. of Heart.

Second, (Immediate,) Pneumonia

Duration of last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Germ. Luth'n Druid Hill

Date of Burial, April 25th 1880

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

R. J. N. Tall, M. D.
Medical Attendant.

Address, 15-2 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Achsher Williams

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 53 *Years,* ..... *Months,* ..... *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give street and number} No 12 Elbow Lane.

Cause of Death {First, (Primary,) Cancer of the breast (carcinoma.
Second, (Immediate,) Asthenia.

Duration of last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 25 1880

Undertaker, G H Chase

Place of Business, 19 & 9 Mary *Address,* 219 E. Lombard St.

C. E. Grey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39253

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Hammond

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, ——— *Years,* 14 *Months,* 25 *Days.*

Color, (Col) *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} In 210 Preston st Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 210 Preston st Baltimore

Cause of Death, First (Primary,) Scrofula & ~~Diarrhoea~~

Second (Immediate,) Meningitis

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 25-1880

Jas. S. Fuller M. D.
Medical Attendant.

Undertaker, G. H. Chase

Place of Business, 198 S. Howard St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 39257

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPT. APR 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Covington

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 0 *Years,* 6 *Months,* 0 *Days.*

Color, Light brown

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number} No 61 Vincent Ave

Cause of Death { First, (Primary,) Unknown
Second, (Immediate,) Dyptheria

Duration of last Sickness, 14 Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 25 1880

B. F. Bohner *M. D.*
Medical Attendant.

Undertaker, [illegible] & Chase

Place of Business, 129 Howard St *Address,* Cor Dolphin & Rop

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 39255 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apl 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Raymond Geisler

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 14 *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} St Anthonys Asylum N. Central Ave

Cause of Death { First, (Primary,) Consumption of Lungs
Second, (Immediate,) .....

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Apr 26 1880

Undertaker, Henry Hoch

Place of Business, 2 Central Ave

John F. Monmonier M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39256

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Venker

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number} 143 Chapel St near Eastern Ave

Cause of Death, First, (Primary.) Diptheria complicated

Second, (Immediate,) with Eclampsia & Dentition

Duration of last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, April 25th 80

Undertaker, M. Franz

Place of Business, 280 Canton Ave

A. Van Gosweiler M. D.
Medical Attendant.

Address, 254 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23d 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A. Green

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, Thirty six *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Dressmaking

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford County Maryland

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number} 103½ Orchard Street

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Phthisis

Duration of last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Apr 25 1880

D. F. Reinhart M. D.
Medical Attendant.

Undertaker, Theo Jacks

Place of Business, 73 Jefferson *Address,* 166 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible], J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Ranier

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5 *Years,* 4 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Norfolk Virginia

Duration of Residence in the City of Baltimore, 3 Years & 6 months

Place of Death, {Give street and number} 609 W. Lombard st.

Cause of Death First, (Primary,) Malignant Diphtheria

Second, (Immediate,) Paralysis of heart

Duration of last Sickness, Nine Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 25th

Undertaker, J. B. Lev[illegible]

Place of Business, 707 W. Balto st

John Hood M. D.
Medical Attendant.

Address, 2 N. Carey st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians to Completion

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT APR 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Annie E. Benton

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, Thirty Nine *Years,* Four *Months,* Seventeen *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia, Pa.

Duration of Residence in the City of Baltimore, Thirty four Years

Place of Death, {Give street and number} No. 185 E. Monument St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Consumption

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 26th

Undertaker, Geo Schilling

Place of Business,

Jno H Blendinger, M. D.
Medical Attendant.

Address, No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39260

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma A. Watts

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* 1 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 97 Sarah Ann St.

Cause of Death, First, (Primary.) —

Second, (Immediate,) Convulsions

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, April 25th 1880

H. H. Hill M. D.
Medical Attendant.

Undertaker, Wm. Monroe

Place of Business, No. 62 East St. *Address,* 361 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Milburn

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 18 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Catonsville Balto. Co

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number} No 1 Dewberry Alley

Cause of Death { First, (Primary,) Congestion of brain
Second, (Immediate,) = Convulsions

Duration of last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, Apr 25 1880

{ *Undertaker,* William Monroe
{ *Place of Business,* No 62 East Street

F. F. Benson M. D.
Medical Attendant.

Address, 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of [illegible]

Board of Health, City of Baltimore,

Permit No. 39262

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH BALTO.

CERTIFICATE OF DEATH.

Date of Death, April 24. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Belle Ray

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 30 E. Biddle St.

Cause of Death, First, (Primary.) Eclampsia

Second, (Immediate,) Exhaustion

Duration of last Sickness, 8½ hrs.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 26th 1880

Undertaker, Henry H. Hearn

Place of Business, 46 N. Gay St

Geo. L. Wastenaw M. D.
Medical Attendant.

Address, 305 N. Carolina St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. MEDAIRY & CO., CITY PRINTERS AND STATIONERS.

(OVER.)

Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

Permit No. 39263

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Brooks

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* About 9 *Months,* ____ *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 11 Josephine st

Cause of Death, First, (Primary,) ____ Convulsions Second, (Immediate,) ____

Duration of last Sickness, About 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Sess

Date of Burial, April 26th

Undertaker, John H. Weaver

Place of Business, 129 N Paca St

A Darling M. D.
Medical Attendant.

Address, 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 29 1880 BALTIMORE

Date of Death, Saturday April 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Roberts

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Twenty Eight *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single,~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Annapolis Md

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number.} No 238 Eutaw St

Cause of Death, First (Primary,) Excesses

Second (Immediate,) Gastroenteritis

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, April 26th

Undertaker, S M Leonard Jr

Place of Business, 182 W Baltimore

E Walton *M. D.*
Medical Attendant.

Address No 238 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit Permit No. 1745

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Cross

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} Cor Franklin & Fulton

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Debility

Duration of Last Sickness, Three Years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cty

Date of Burial, April 27th 1880

Undertaker, John S Thacher

Place of Business, Park & Fayett

S. R. Mhler M. D.
Medical Attendant.

Address 234 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 39266 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 28 1880 BALTIMORE

Date of Death, April 25th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Gosnell

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ~~Years,~~ ~~Months,~~ One Years.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~

Occupation, ~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Dead City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } N E Cor Dallas & McElderry Sts.

Cause of Death, First, (Primary) (Instrumental delivery)

Second, (Immediate.) Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 26 April

Undertaker, Jorgue & Kessler

Place of Business, 399 Eager st

I V Sillars M.D.,
Medical Attendant.

Address, N E Cor Eager & Caroline Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 28 1880 BALTIMORE

Date of Death, April 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Manns

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, Sixteen *Years,* Three *Months,* Eighteen *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No 125 North Bond St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, April 27th

Wm H. Cleudinen, M. D.
Medical Attendant.

Undertaker, H. Forklit

Place of Business, 246 Eastern Av *Address,* Res, 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jovana Howard

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 481 Pennsylvania Ave

Cause of Death { First, (Primary,) ~~or~~ Pneumonia
Second, (Immediate,) .....

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Jewish Cemetery

Date of Burial, Apr 25 1880

{ *Undertaker,* William Mouge
Place of Business, No 62 East Shw

Chas Fawcett M. D.
Medical Attendant.

Address, 92 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Perry Gross

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 12 *Years,* 11 *Months,* 12 *Days.*

Color, Colored *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Queen Anns Co Md

Duration of Residence in the City of Baltimore, About 5 years

Place of Death, {Give street and number.} 48 Druid Hill

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Apr 26 1880

Undertaker, William Wenger

Place of Business, No 62 East St

J. C. Shinn M. D.
Medical Attendant.

Address 41 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 39270

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Simpson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 159 S. Eutaw St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Croup

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery

Date of Burial, April 27 1880

Undertaker, Henry Houck

Place of Business, 201 Central Ave *Address,* .....

Wm Whitridge *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39271

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Spencer Highland

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 59 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, ~~Single, Widow, Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number} 65 Dallas st

Cause of Death { First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 6 mo's

All the above Information should be furnished by the Physician.

Place of Burial, Dallas st Cemetry

Date of Burial, April 26th 80

Undertaker, Geo L Kemmin M. D.

Medical Attendant.

Place of Business, 73 Jefferson st

Address, 73 E Balt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25 th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie L. Holbrecker

~~*Sex,*~~ *Male or* ~~*Female,*~~ {cross out the word not required in this line.} Schoolteacher

Age, ——— *Years,* 5 *Months,* ... *Days.*

Color,

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number} 19 South Sea

Cause of Death First, (Primary,) Meningitis

Second, (Immediate,) Effusion

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 27 th

A. W. Cotton M. D.
Medical Attendant.

Undertaker, F. N. Troll

Place of Business, #131 Hanover St *Address,* 395 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39273,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24 April 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } David A Hollingshead

Sex, Male or Female, { cross out the word not required in this line. } ~~Female~~

Age, 63 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower,

Occupation, School Teacher,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore County Md.

Duration of Residence in the City of Baltimore, 35 Years,

Place of Death, { Give street and number } No 202 North Carrollton Avenue

Cause of Death, First, (Primary.) Chronic Gastritis & Int. debility

Second, (Immediate,) Pneumonia,

Duration of last Sickness, 17 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, April 27 - 80

Undertaker, Denny & Mitchell

Place of Business, 50 & 52 W Fayette St

C. H. Jones, M. D.
Medical Attendant.

Address, 530 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39274

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F. John Wonder

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.} Parents

Age, ~~Years,~~ ~~Months,~~ 8 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 424 Lexington St

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Inanition

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 26th 1880 James A. Steuart M. D.

~~Medical Attendant.~~

Undertaker, P. Kummel

Place of Business, Mulberry St *Address,* Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DURANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jas. V. Fitzpatrick

Permit No. 9275

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A. Magness

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bricklayer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 19 McElderry St.

Cause of Death, {First (Primary.) / Second (Immediate.)} Phthisis Pulmonalis / Pulmonales

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 26 1880

Undertaker, Wm H. Hickman

Place of Business, No 24 Gay St

L. W. C. Cuddy M.D.
Medical Attendant.

Address 363 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie B. Carey

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} —

Age, 5 *Years,* 1 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 17 Big McElderry Ln 1 month

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Cyanosis

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 27th

Undertaker, E. A. Schilling

Place of Business, 45 N Gand Sts

E. E. Jordan M.D.

Medical Attendant.

Address, 83 Aisquith St City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Clara Cross.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* 5 *Months,* 2 *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 89 Chase St

Cause of Death, First (Primary,) Puerperal Peritonitis

Second (Immediate,) Asthenia

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 27th April 1880

Undertaker, H W Jenkins for

Place of Business, 16 Light St *Address*

Hon. D. Smith, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 26 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Sugerwald

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 2 *Years,* 5 *Months,* 12 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give street and number } 183 Edmondson Ave

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate.)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 27th April 1880 P. C. Williams *M. D.*

Medical Attendant.

Undertaker, H. W. Jenkins Son

Place of Business, 16 Light St *Address,* 201 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 26 1880 BALTIMORE

Date of Death, April 25, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Close

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 *Days.*

Color, White *Sex,* .....

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Nurse

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 89 Chase St Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 89 Chase St Balto

Cause of Death, First (Primary,) Erysipelas

Second (Immediate,) .....

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Mount Scott M. D.

Medical Attendant.

Date of Burial, 27th April 1880

Undertaker, H W Jenkins & Son

Place of Business, 16 Light St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 19280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Pendergast

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 2 *Years,* 3 *Months,* 24 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 9 West Fallsav.

Cause of Death First, (Primary,) Retraction Bronchial Catarrh

Second, (Immediate,) Pertussis

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mount Cross Cemetery

Date of Burial, April 26th 1880

Undertaker, Thos P Byrne

Place of Business, 113 Front St

P. S. Daniels M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Rich

Sex, Male or Female, {cross out the word not required in this line.}

Age, 67 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Physician

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dover, Delaware

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 30 N Fremont

Cause of Death, First, (Primary,) ____

Second, (Immediate,) supposed to be Apleksy

Duration of last Sickness, sudden death, found dead in bed.

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, April 26 1880

Geo. Ogle Corner M. D.
Medical Attendant.

Undertaker, Wm. H. Lane

Place of Business, Lane Fremont St Balto

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 29282 ... Alfred Bresee

The Physician who attended any person in a last illness is responsible for the presentation of ... fully filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Alfred A. Bresee

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 360 W. Charles St

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 27th 1880

Undertaker, Alfred A. Bresee

Place of Business, ——— *Address,*

V

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

Permit No. 39283

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24 1892

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel B Smith

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, — *Years,* — *Months,* 36 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 117 N. Schroeder St

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 117 N Schroeder St

Cause of Death { First, (Primary,) Abscess in Lung

{ Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 27 April

Undertaker, J B Cook

Place of Business, 707 N. Balto St

P. H. Irwin M. D.
Medical Attendant.

Address, 117 N. Schroeder St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lina Lobez

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 269 Aliceanna

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,) Exhaustion

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 28th 80

Undertaker, Conrad Schatz

Place of Business, 265 Aliceanna St.

Thurston, M. D.
Medical Attendant.

Address, 245 S. Belnont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Johnson (Caroline)

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, 53 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Maryland

Duration of Residence in the City of Baltimore, 53 Yrs

Place of Death; {Give street and number.} Eutaw St near Lagrange St

Cause of Death, First (Primary,) —

Second (Immediate,) Apoplexy

Duration of Last Sickness, a few minutes

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 28th

Undertaker, H. C. Weidefeld

Place of Business, 90 Greenmount av

D. J. Jordan M.D.
Medical Attendant.

Address, 58 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

pecial Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 39286

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 27 1880 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Smith

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 48 *Years,* 0 *Months,* 0 *Days.*

Color, Dark brown

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give street and number} No 13 Pearre Alley

Cause of Death, First, (Primary,) Unknown

Second, (Immediate,) Inflamation of Stomach

Duration of last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Stump St Cemetery

Date of Burial, April 27. 1880

Undertaker, John C. Linder

Place of Business, 11 E Lee St

B F Bohner *M. D.*
Medical Attendant.

Address, cor Druid & Dolphin st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Permit No. 3987

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 27 1880 BALTIMORE

Date of Death, April 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Paine. (a seven months foetus)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~About~~ an hour Years, ____ Months, ____ Days.

Color, Negro

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 38 Cohen alley

Cause of Death, {First (Primary,) ____ Second (Immediate,) Premature Birth

Duration of Last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, April 27. 1880

Undertaker, John C. Jordan

Place of Business, No 68 Park St

Chl Paine M. D.
Medical Attendant.

Address 9 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 39288 OFFICE OF REGISTRAR OF VITAL S...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE APR 27 1880

Date of Death, April 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarissa Webb

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 84 *Years,* ... *Months,* ... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Sixty five Years

Place of Death, {Give street and number.} 334 Aisquith Street

Cause of Death, First (Primary,) Malarial Fever, Asthma, old age.

Second (Immediate,) Anaemia

Duration of Last Sickness, About four weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 28th 1880

Undertaker, John A. Weaver & Co.

Place of Business, #22 W. Fayette St. *Address* 289 W Fayette st

E Gover Cox M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 39289

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th 1880 3 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie Bellenier

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 6 *Years,* 1 *Months,* 2 3 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, House Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 47 Baldwin St

Cause of Death { First, (Primary,) ... Second, (Immediate,) Puerperal Convulsions

Duration of last Sickness, From 1 A.M. April 26th to 3 A.M. 27th

All the above information should be furnished by the Physician.

Place of Burial, Mount Hebron Cemetery

Date of Burial, April 29th 1880

Undertaker, Wm. Silver

Place of Business, 101 Gough St

A. Gregg Shorter M. D.
Medical Attendant.

Address, Aft'y Rev. N. Brazier Sr

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 39290 OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

APR 27 1880

Date of Death, Monday Apl. 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Brkh

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.} Male

Age, 21 *Years,* 11 *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, Grinder

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Annapolis — Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 97 E. Pratt St

Cause of Death, {First (Primary,) Salivary Calculus, Head} {Second (Immediate,) Exhaustion}

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Anne Arundel Co. Md

Date of Burial, April 27th 1880

Undertaker, John A. Weaver & Co.

Place of Business, #22 W. Fayette St

H. Jenkins Ireland M.D.
Medical Attendant.

Address 51 ½ E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore

Permit No. 39291

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT APR 27 1880 BALTIMORE

Date of Death, April 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Kenney Kenney

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Labor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland 30 years US

Duration of Residence in the City of Baltimore, 30 yrs Balt

Place of Death, {Give street and number} Boundary Ferry Locust Point Slip

Cause of Death First, (Primary,) Accidental

Second, (Immediate,) Drowning

Duration of last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, April 27th

Undertaker, M. Clark & Son

Place of Business, 64 E Balto

Edmund R Walker M. D.
Medical Attendant.

Address, Govan P O

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 39292

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Baker

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 75 *Years,* 2 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Co Md.

Duration of Residence in the City of Baltimore, 74 years

Place of Death, {Give street and number.} 133 Montgomery St

Cause of Death, {First (Primary,) Second (Immediate,)} Old age

Duration of Last Sickness, Some time

All the above information should be furnished by the Physician.

Place of Burial New Freedom Balto Co

Date of Burial, April 28th 1880

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

R. C. Lee M.D.
Medical Attendant.

Address, Hanover & Baltimore Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1748

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39293

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Gridley

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Hampshire

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number} 10 Warren ave

Cause of Death First, (Primary,) Asthma

Second, (Immediate,) Cerebral congestion

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount cem

Date of Burial, April 27 86

Undertaker, Hickey & Sons

Place of Business, 16 263 Light

L. A. C. Cleis M. D.
Medical Attendant.

Address, 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

Permit No. 39294 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 27 1880 BALTIMORE

Date of Death, June 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lulz Shay

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 3 *Years,* 7 *Months,* 3 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 11 Watson St Court

Cause of Death, First (Primary,) Congestion Bronchitis

Second (Immediate,) Asphyxia

Duration of Last Sickness, Abt 10 days

All the above information should be furnished by the Physician.

Place of Burial, R. Mathew Cemetery

Date of Burial, Apl. 27, 1880

Undertaker, C. D. Reese

Place of Business, 97 Orleans St

C. M. Norfolk *M. D.*
Medical Attendant.

Address, 67 Wells St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on

Board of Health, City of Baltimore,

Permit No. 39295

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 27 1880 BALTIMORE

Date of Death, April 26th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Beziat.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Tobacconist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 361 W. Lombard St

Cause of Death, First, (Primary,) Cold

Second, (Immediate,) Typhoid Pneumonia

Duration of last Sickness, Sick ten days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, April 28th 1880

Undertaker, Andrews & Hodges

Place of Business, No 416 Druid Hill Ave

Edward R. Ward M. D.
Medical Attendant.

Address, 242 W. Lombard St

Extract from Regulations of the Board of Health to secure a Full and Correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo[illegible]

Permit No. 39296 OFFICE OF REGISTRAR OF VITAL STA[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 27 1880 HEALTH DEPARTMENT BALTIMORE

Date of Death, 25th April 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Cornelia Bond

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* 11 *Months,* 4 *Days.*

Color, Black

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 24 Wayne st

Cause of Death {First, (Primary,) Pneumonia
Second, (Immediate,) Exhaustion from Fever

Duration of last Sickness, 9 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharpusts cemetery

Date of Burial, April 27. 1880

Undertaker, Hercules ross

Place of Business, 95 conway st *Address,* 144 Hanover st

Geo H Densar M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 39297

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 27 1890 BALTIMORE MD

Date of Death, April 29th 1890

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Kohling

~~Sex, Male or~~ Female, { cross out the word not required in this line. }

Age, 34 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and number } 58 E. Madison

Cause of Death, First, (Primary,) Phthisis pulmonalis

Second, (Immediate,) Congestion pulmonum, chronic

Duration of last Sickness, 4 mos

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cemetery.

Date of Burial, April 29th,

Undertaker, Fred Gaede

Place of Business, 294 Lanvale St.,

J. Thomas M. D.
Medical Attendant.

Address, 245 E. Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39298

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 27 1880 BALTIMORE

Date of Death, April 25 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Marshall

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 2 *Years,* 1 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 111 Aliceanna st

Cause of Death, First, (Primary,) Double Pneumonia

Second, (Immediate,)

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, April 27 1880

Undertaker, Jas. P. Coyne

Place of Business, 63 N. Eutaw

P. G. Dausch, *M. D.*
Medical Attendant.

Address, 27 W. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39299 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 26. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabel Sellers

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Ten Life

Place of Death, {Give street and number} 64 N Poppleton St

Cause of Death { First, (Primary.) Scarlatina

, { Second, (Immediate.) do Exhaustion

Duration of last Sickness, Twenty days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, April 28 1880

{ *Undertaker,* J B Cook

{ *Place of Business,* 707 W. Baltimore St

W W Hammond M. D.
Medical Attendant.

Address, 64 N Paca St

HEALTH DEPARTMENT APR 1880 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...he Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th April 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Askins

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 23 *Years,* ..... *Months,* ..... *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 104 Sarah Ann St

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 27th 1880

R. B. Morsell M. D.
Medical Attendant.

Undertaker, F. A. Kershner

Place of Business, 50 S. Conkling ave

Address, Balto. Gen. Disp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 39301

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27 April 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, *Years,* *Months,* about 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, Institution 2 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death First, (Primary,) Opium narcosis. when received.

Second, (Immediate,) Coma

Duration of last Sickness, When admitted

All the above Information should be furnished by the Physician.

Place of Burial, Reported Private

Date of Burial, 28 April 1880.

Undertaker, Jos Brannigan

Place of Business, 157 Division St.

Marbury Brewer *M. D.*
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hunt

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ 3 *Months,* 3 weeks *Days.*

Color, ____

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 7 weeks

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Hydrocephaloid

Duration of last Sickness, when received

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 28. 1880

Undertaker, Jos Bramigan

Place of Business, 156 Division St

Mastony Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo.

OFFICE OF REGISTRAR OF VITAL STA.

Permit No. 39303

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 27 1880

Date of Death, April 27th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Slayton

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 124 West St.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Scarlet Fever

Duration of last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 28th 1880

Undertaker, B. Hacke

Place of Business, Light St.

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 39304

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas *sooner*, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Morris Nichol

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 159 Sterling St.

Cause of Death {First, (Primary,) Bronchitis

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cc

Date of Burial, Apr 28th 1880

Undertaker, Henry Heck

Place of Business, 307 Central Ave

Thr. Brooke Boyle M. D.
Medical Attendant.

Address, 166 E Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VIT

Permit No. 39305

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accu- out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea- sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henriette Nora Marie Charlotte Say

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 24 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Montreal Canada

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} On board Yacht Henriette Catarqui Coupe

Cause of Death { First, (Primary,) Second, (Immediate,)

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, France

Date of Burial,

Undertaker, Jenkins & Sons

Place of Business, Light St

R. H. Ellis & A. P. Smith M. D.
Medical Attendant.

Address, 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 39306

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Conway

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Phthisis
, { Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemetery

Date of Burial, April 27 1880

Undertaker, F. A. Kirchner

Place of Business, ———

J. W. Holt M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo.

OFFICE OF REGISTRAR OF VITAL ST.

Permit No. 39307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27. 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lee Ramsey.

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* Two *Months,* ____ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 48 Race St.

Cause of Death, First, (Primary,) Syphilis Hered.

Second, (Immediate,) Ephemeron.

Duration of last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemetery

Date of Burial, April 28th 1880

Undertaker, F. A. Kerchner

Place of Business, ____

J. McSherry M.D. M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...E, J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 39308 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea[sed], if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 27 1880 BALTIMORE

Date of Death, April 26/80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline Rodgers

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 34 *Years,* 4 *Months,* 23 *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, { Give street and number. } 187 S. Wolf

Cause of Death, First, (Primary.) Puerperal fever

Second, (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters bem

Date of Burial, April. 27

Undertaker, Nendle Dipped

Place of Business, S. Bond St

R. W. Manfield *M.D.,*
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimo

Permit No. 39309 OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Catharine Pfeffer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 25 *Years,* 4 *Months,* 16 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 82 N. Inn ste.

Cause of Death, First, (Primary,) Dropsy

Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 28.

Undertaker, John Heneey.

Place of Business, 382 Caroline St.

John I. Lutzer M. D.
Medical Attendant,

Address, 160 Saratoga ste

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...he Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases ...

Board of Health, City of Baltimor...

Permit No. 39310

OFFICE OF REGISTRAR OF VITAL STATISTIC...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Godfrid Abel

Sex, Male or Female, { cross out the word not required in this line. }

Age, 37 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Baker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, { Give street and number } S E Lombard

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, April 29

T. T. Knight M. D.
Medical Attendant.

Undertaker, John Hanaj...

Place of Business, 382 Co Ea... St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 39311

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th 12 M 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Barbara Koch

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 24 *Years,* 8 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Single~~

Occupation, X X X

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 155 Ellwood Street Canton

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) ____

Duration of last Sickness, Confined to bed 3 Weeks - Delicate for 8 Years.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Apr. 28th '80

Undertaker, J. M. Strance

Place of Business, 280 Canton Ave

Henry E. Dowell M.D.
Medical Attendant.

Address, 992 E. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 39312

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Rysaugh

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Fifty-nine *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty-five years

Place of Death, {Give street and number} 19 Wilcox alley

Cause of Death First, (Primary,) Fractured thigh, from accidental fall from steps-

Second, (Immediate,) Concussion of Brain

Duration of last Sickness, Five to six hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 28/1880

Silas Baldwin M. D.
Medical Attendant.

Undertaker, Mr. E. L. Clemmett

Place of Business, 336 Pearre ave *Address,* 152 Dean and Ho

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 39313

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 28 1880 BALTIMORE

Date of Death, April 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeannette Anderson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 79 *Years,* ..... *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Scotland ✓

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the little Sisters of the Poor Cor. John and Valley Sts

Cause of Death {First, (Primary,) ..... Second, (Immediate,)} old age & debility

Duration of last Sickness, about 3 months

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 28th 1880

Undertaker, Henry Shelkeis

Place of Business,

Jn. Brooke Boyle M. D.
Medical Attendant.

Address, 66 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39314 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

APR 28 1880 HEALTH DEPARTMENT BALTIMORE

Date of Death, April 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Schenck

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* Six (6) *Months,* over (1) *Days.*

Color. White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Salt City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Cor Bond & Waller Street

Cause of Death, First, (Primary.) Acute Enteritis

Second, (Immediate.) Colliquative Diarrhoea

Duration of Last Sickness, 36 hours.

All the above Information should be furnished by the Physician.

Place of Burial, Schwarz cemetery

Date of Burial, To-day 10 o'clock April 28

Undertaker, Jacob Mueller

Place of Business, 21 Harrison St.

Jno Sloan M.D.,
Medical Attendant.

Address 666 E. Eager or Caroline

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of [illegible]

Board of Health, City of Baltimore,

Permit No. 39315

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27th April 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Grey McCay

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 3 *Months,* ____ *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harrisonburg Va.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Cor. Charles & Townsend Sts

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Tuberculus Meningitis

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 28th 1880

Christopher Johnston M. D.
Medical Attendant.

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light st. *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39316

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 28 1899 BALTIMORE

Date of Death, April 26th 1899

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kilgram Chas Coldewey

~~Sex~~, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ~~____~~ *Years,* ~~____~~ *Months,* 21 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 9 Welsh Court

Cause of Death, First, (Primary.) Eclampsia

Second, (Immediate,)

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 28th

Undertaker, George Zeiler

Place of Business, Wolfe St near Bank St

Attending Physician M. D.

Address, 245 S. Wolfe St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 8937

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR. 28. 1880 BALTIMORE

Date of Death, April 27 / 80

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David Fuller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, No — *Years,* 2 *Months,* 11 — *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Infant

Place of Death, {Give street and number.} no 5 Vincent alley

Cause of Death, {First (Primary,) Spasms

{Second (Immediate,)

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, April 28th 1880

R. H. Goldsmith — M. D.
Medical Attendant.

{*Undertaker,* Chas. T. Semmes

{*Place of Business,* 271 N. Eutaw St

Address S. E. corner Harlem Ln and Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 39318

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

APR 28 1880 HEALTH DEPARTMENT BALTIMORE

Date of Death, April 26, 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert O. Fowson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~~ *Years,* 10 *Months,* ~~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland Kent County

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give street and number} No 141 West King St

Cause of Death, First, (Primary.) Hydrocephalus

Second, (Immediate,) Asthenia

Duration of last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 28th 1880

Undertaker, Wm Lyra

Place of Business, 65 Mulberry

Theodore Turnbull Jr. M. D.
Medical Attendant.

Address, #231 N. Lombard, St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39319

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 28 1880 BALTIMORE

Date of Death, April 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard Blank

Sex, Male or Female, {cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Jones Town Balto

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} Jones Falls near 7th Harrison [illegible]

Cause of Death First, (Primary,) Accidental

Second, (Immediate,) Drowning

Duration of last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, Forest Home Cemetery

Date of Burial, April 28th 1880

Undertaker, D. F. Myer

Place of Business, 129 W. Balto St.

Edmund Rivardier M. D.
Medical Attendant.

Address, Coroners Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39320

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A. Thompson

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ~~———~~ *Years,* Eight *Months,* ~~———~~ *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~———~~

Occupation, ~~———~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number} Mr Henry's (Extended)

Cause of Death {First, (Primary,) Dysentery

{Second, (Immediate,) 3 Weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 29th 1880

Undertaker, Henry Schultheis

Place of Business, 61 Monument *Address,* 137 N. Eutaw St

A. K. Leeds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 39921

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A. Johnson

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, — *Years,* 6 *Months,* 3 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 22 Ledenhall St.

Cause of Death, First, (Primary.)

Second, (Immediate,) Pneumonia

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 28th 1880

Theodore Cook M. D.
Medical Attendant.

Undertaker, Geo H. Perkins & Co

Place of Business, 130 Henrietta St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below. Date of Decease on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 29322

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR. 29 1880 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Addison

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 56 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Engineer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number} 54 S. Poppleton

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) 4

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C.

Date of Burial, April 29 1880

Undertaker, J. B. Blackistone & Son

Place of Business, 606 Balt St. *Address,* 581 Lexington

Thomas O'Brien M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39323 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 28 1890 BALTIMORE

Date of Death, April 27 th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Noonan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number.} No 113 N Front St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, Twenty four days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 29th 1890

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Wm Whitridge M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 39324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27/80.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Groeppe

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female.

Age; 63, ~~11~~ 4 *Years,* 8 *Months,* —— *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the words not required in this line.} Single

Occupation, None.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} (Germany) Germany

Duration of Residence in the City of Baltimore, Twenty Eight years

Place of Death, {Give street and number.} 17 George St.

Cause of Death, First (Primary,) Typhoid Fever.

Second (Immediate,) "

Duration of Last Sickness, Eight days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 29.

Undertaker, Walter Lemmel

Place of Business, 232 N. Bidle.

H. K. Fetterhoff M.D.
Medical Attendant.

Address, 203 N. Liberty St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 39325

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

THE APR 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27-1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Hutchins

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 10 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give street and number} 211 N. Durham St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 28th 1880

Undertaker, Wm. P. Dunges

Place of Business, 562 East, st

G. F. Taylor M. D.
Medical Attendant.

Address, 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0748.]

Board of Health, City of Baltimore,

Permit No. 39326

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 29 1880 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 28 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mamie D. Casey

Sex, Male or Female, { cross out the word not required in this line. } F.

Age, 1 *Years,* *Months,* 2 2 *Days.*

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 290 N. Howard St.

Cause of Death { First, (Primary,) Nephritis

{ Second, (Immediate,) Convulsion

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 29th 1880

{ *Undertaker,* Hy W. Mears

{ *Place of Business,* 46 N. Gay St.

H. T. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39327

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Louise Regina Bolke

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, One *Years,* One *Months,* Twenty Three *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City, 17 Butler St.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 17 Butler Str.

Cause of Death, First (Primary,) Teething and Catching cold

Second (Immediate,) Encephalitis exudatoria

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews

Date of Burial, April 29th 80

Adolph Boehm, M. D.
Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 39328

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Briggs

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 23 *Years,* 10 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 3 Woodward St.

Cause of Death First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, April 29th 1880

Undertaker, W. C. Till

Place of Business, 133 Columbia

Jno. S. Blake M. D.
Medical Attendant.

Address, 168 S. Frank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully invited to the Reverse Side hereof, and the List of Diseases on it.

Board of Health, City of Baltimore,

Permit No. 39329

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 26. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene D. C. Dorsey

Sex, Male ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Phila Road near City Boundary

Cause of Death First, (Primary,) Cerebro Spinal Meningitis

Second, (Immediate,)

Duration of last Sickness, Two or three days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, April 29/80

Undertaker, Fry & Lee

Place of Business, 514 Broadway

John B. Hammond M. D.
Medical Attendant.

Address, S. W. Cor Fayette & Read Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39330 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Henry Bocckel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ Seven Months, eleven Days.

Color, White *Sex,* male

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 83 Frederick Ave.

Cause of Death, First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 20 1880

Undertaker, J. T. Paulus.

Place of Business, 66 Frederick Ave

Morris Stuart M. D.

Medical Attendant.

Address 319 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Special Attention of Physicians or Undertakers

Board of Health, City of Baltimore,

Permit No. 39331

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Snyder

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} No. 154 Elliot St.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Pneumonia

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Apr. 30th '80

C. Dis Williams M. D.
Medical Attendant.

Undertaker, Mc. Shane

Place of Business, 280 Canton Ave *Address,* 17 Patterson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Risby

Sex, Male or Female, {cross out the word not required in this line.} —

Age, 40 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 121 Mark St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia.

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 25 1880

W. S. Bouze, M. D.
Medical Attendant.

Undertaker, Geo Perkins & Co

Place of Business, 130 Hanover

Address, 206 Stark St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 39333

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Stewart

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 466 N Strieker St

Cause of Death First, (Primary,) Epilepsy

Second, (Immediate,) 4 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, Apr 28

Undertaker, Edward McCourt

Place of Business, 35 Park Ave

Thos. Shearer M. D.
for A. S. Tuttle M.D. Medical Attendant.

Address, 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna L. Eadman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hope & Augusta Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} " " "

Cause of Death { First, (Primary,) Whooping Cough
, { Second, (Immediate,) Bronchitis Capillary

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 29th

Undertaker, Geo Schilling

Place of Business,

W. B. Billingslea M. D.
Medical Attendant.

Address, Hartford Ave Bridal

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39335

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Ernest Meuber

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Four (4) Months, Twenty second 27 Days.

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} N. W. Cor Monument and Bond Streets

Cause of Death, First, (Primary.) Gastro Intestinal Catarrh

Second, (Immediate.) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 29th

Undertaker, Geo Schilling

Place of Business, Ashland & Lynn

W. F. Stuart M.D.,
Medical Attendant.

Address, 1 East Eager & Harrison Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No: 39336

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 30 1880 BALTIMORE

Date of Death, April 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Mueller

Sex, Male or Female, {cross out the word not required in this line.} F

Age, 57 *Years,* — *Months,* 1 1/4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 Years

Place of Death, {Give street and number} 60 Bank Alley

Cause of Death, First, (Primary,)

Second, (Immediate,) Pulmonales

Duration of last Sickness, About 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 1st 80

Undertaker, Jno. France

Place of Business, 280 Canton Ave

E. Jos. Williams M. D.
Medical Attendant.

Address, 17 Belmont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OV48.]

Board of Health, City of Baltimo

Permit No. 39337

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1890 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, April 27th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Newman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 35 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland, 15 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 47 N Eutaw st

Cause of Death {First, (Primary,) Second, (Immediate,)} Organic disease of Heart One month

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Cross Cemetery

Date of Burial, April 29th 1890

Undertaker, James D. Byrne

Place of Business, No 63 N Front St

A. P. Yeates M. D.
Medical Attendant.

Address, 137 N Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimor

Permit No. 39338

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April. 28. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Watson

Sex, ~~Male~~ or ~~Female~~, {cross out the word not required in this line.}

Age, Two *Years,* Six *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 153. East Ol.

Cause of Death { First, (Primary,) Meningitis. Second, (Immediate,)

Duration of last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, 28 April 2 Oclock P.M.

M. D.
Medical Attendant.

Undertaker, George C Rodenmayer

Place of Business, 38 Eutaw St *Address,* 190 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39339 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A Davis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 76 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Builder

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore lifetime ✓

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 10 Lafayette Avenue

Cause of Death, First (Primary,) Aortic stenosis & left ventricular dilatation

Second (Immediate,) Exhaustion

Duration of Last Sickness, Confined to his room about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 30th 1880

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St

Riggin Bucklen M. D.
Medical Attendant.

Address 135 N Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39320

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1900 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29 1900

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Feige

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 5 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 3 Water St.

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, April 30 '00

Abram Arnold M.D.
Medical Attendant.

Undertaker, Geo Schuller

Place of Business, — *Address,* —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39341

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah J. P. Prouty

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* Two *Months,* Twenty *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ——— ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 100 S Central Ave

Cause of Death, First (Primary,) Inanition

Second (Immediate,) ———

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemty

Date of Burial, April 30th

Undertaker, H. Frechlich

Place of Business, 246 Eastern Av

H E Yocke M. D.
Medical Attendant.

Address 241 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3[illegible]3[illegible]2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28, 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christiana Porth

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number} N.E. cor Hanover & Howard sts.

Cause of Death, First, (Primary,)

Second, (Immediate,) Epithelioma of the Uterus

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 30th

Undertaker, Wm. J. Tickner

Place of Business, 65 S. Eutaw St

Loudon Park M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39343

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 27 april 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Louisa Carine

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, X *Years,* 7 *Months,* X *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, O

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, X

Place of Death, {Give street and number} 1 Old Joppa Road near Broadway

Cause of Death, First, (Primary.) Bronchitis

Second, (Immediate,) apnoea

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Second Cemetery

Date of Burial, Apr 29 1880

BF Leonard *M. D.*
Medical Attendant.

Undertaker, William N Dorsey

Place of Business, No 62 East Street *Address,* 35 Fairmount ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DURANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39344

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

APR 29 1880 BALTIMORE

Date of Death, April 28/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Zacharia Reiley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, 27 yrs.

Place of Death, {Give street and number.} 223 S. Bond

Cause of Death, First, (Primary.) Tetanus (Traumatic)

Second, (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, April 30th

Undertaker, Gilbert Sander

Place of Business, 222 Broadway

C. W. Mansfield *M.D.,*
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 39345

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28th, 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan H. Sylvester

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.} Female

Age, 51 *Years,* 11 *Months,* 19 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 114 N. Smallwood St

Cause of Death, {First (Primary,) Apoplexy, Second (Immediate,) Ditto} ✓

Duration of Last Sickness, Since last attack, two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 30 1880

Undertaker, J. Godwin

Place of Business, 41 Hanover St

H. K. Tettenhaft M.D.
Medical Attendant.

Address, 205 N. Liberty St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 39346 OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles West

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 36 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, R. R. Employe

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harrisburg Pa.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 65 Burns Ave

Cause of Death, First (Primary,) R. R. accident, crushing foot

Second (Immediate,) Septicaemia

Duration of Last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Evergreen

Date of Burial, April 29th 80

Undertaker, Wm. C. Fleagle

Place of Business, 811 E Baltimore

I. H. Thomson M. D.
Medical Attendant.

Address 187 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apl 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Snyder

Sex, Male or Female, {cross out the word not required in this line.} M

Age, 71 *Years,* *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 369 E. Eager St

Cause of Death First, (Primary,) Paralysis

Second, (Immediate,)

Duration of last Sickness, 7 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 30

Undertaker, Geo Schilling

Place of Business, Ashland & Lyman

H. T. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

Permit No. 39348 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 29 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Garry

Sex, Male or Female, {cross out the word not required in this line.} F

Age, 70 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number} 130 N Eutaw

Cause of Death { First, (Primary,) ..... , Second, (Immediate,) Cause of Grund

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Saturday May 3 1890

Undertaker, H. W. Perkins & Son

Place of Business, No 16 Light St

Medical Attendant, [illegible] M. D.

Address, 28 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

State of Maryland, City of Baltimore,

Permit No. 39349 OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann E. Sprowl

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* 10 *Months,* 23 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 39 Jackson St

Cause of Death, First (Primary,) Tumor of Stomach

Second (Immediate,) "

Duration of Last Sickness, Six Weeks & four days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Apr 30/80.

A. G. Watson M. D.
Medical Attendant.

Undertaker, J. L. Rossing

Place of Business, 97 Orleans St *Address* 457 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 39350

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ino H. Smith

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 59 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widowed or Widower, {Cross out the word not required in this line.} Married

Occupation, Stevedore

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co Md,

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} Lytle St Wharf Res 15 Clarke alley

Cause of Death { First, (Primary,) Consumption

, { Second, (Immediate,) Hemorrhage

Duration of last Sickness, Some time

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, April 29th 1880

Undertaker, William Warman

Place of Business, 13 Saratoga St

R. C. Lee M. D.
~~Medical Attendant.~~ Coroners D

Address, Hanover Barnes St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 39357

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharina Hohe

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 58 *Years,* 8 *Months,* ____ *Days.*

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number} 183 S. Wolf St

Cause of Death, First, (Primary,) Cancer of Stomach

Second, (Immediate,) Exhaustion.

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Paulus Cemetary

Date of Burial, April 30th 1886

Undertaker, L. Ritz

Place of Business, 129½ S. Broadway

G. Liebman M. D.
Medical Attendant.

Address, 223 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

Permit No. 39352

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Julia Leonard

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 36 Lemon St

Cause of Death First, (Primary,) Puerperal Convulsions

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, ~~St~~ Peters cemetery

Date of Burial, April 30' 1880.

Undertaker, Joseph B Cash

Place of Business, 707 West Baltimore St

Edwd. F. Hillyard M. D.
Medical Attendant.

Address, 279 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

Permit No. 39353

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Leonard

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 36 Lemmon

Cause of Death First, (Primary,) Asthenia, owing to the

Second, (Immediate,) Mother having puerperal

Duration of last Sickness, Convulsions

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem.

Date of Burial, Apr 30 1880

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St.

Edwd F. Nicholson M. D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...e Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Gertrude Cornelius

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 65 E. South Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlet Fever. Exhaustion.

Duration of last Sickness, about two days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, April 30 1880

W. N. McEwen M. D.
Medical Attendant.

Undertaker, Jas. H. Keene

Place of Business, Belle Fremont St Cemetery

Address, 582 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...L. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo.

OFFICE OF REGISTRAR OF VITAL STATI.

Permit No. 39355

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick and Ellen Butler

Sex, Male or ~~Female~~, {cross out the word not required in this line.} male

Age, 2 months ~~Years~~ *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 79. Block st -

Cause of Death { First, (Primary.) prolonged forceps delivery
Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Pt Patrick's R.C.

Date of Burial, April 30/80

Undertaker, Chick Co

Place of Business, Bank & Bethel sts *Address,* 97 N. Broadway

P. J. Daniel *M. D.*
Medical Attendant.

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2 60 *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 19356

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 30 1880 BALTIMORE

Date of Death, June 29 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Burton

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 49 Fork St

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Congestion of the Brain

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive

Date of Burial, May 1st

Undertaker, W. Hearle

Place of Business, 411 Light St

Thomas Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 29357

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT APR 30 1880 BALTIMORE

Date of Death, April 29th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Edward Lilly

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Eighteen (18) Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 94 N. Abbott Street

Cause of Death, First, (Primary.) Premature birth (8th month)

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, April 30 1880

Undertaker, Henry Koch

Place of Business, 309 Central Ave

S. C. Slower M.D.,
Medical Attendant.

Address, City 817 Caroline Street

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimo

Permit No. 39358

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 30 1880 BALTIMORE

Date of Death, April 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Fitzpatrick

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 26 N. Wilkins St.

Cause of Death {First, (Primary,) Acute Phthisis

Second, (Immediate,)

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetary

Date of Burial, April 30 1880

Undertaker, James P Byrne

Place of Business, No 13 N Eutaw St

Jno. Burke Boyle M. D.
Medical Attendant.

Address, 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 39359

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grunbury Wilson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Forty Seven *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Being Life

Place of Death, {Give street and number} 75 East Eager St

Cause of Death First, (Primary,) Consumptive diathesis

Second, (Immediate,) Consumption

Duration of last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, St Marys Cemetery Govanstown

Date of Burial 2 May 2 Oclock

Milton A. Taylor M. D.
Medical Attendant.

Undertaker, Geo. C. Rodenmayer

Place of Business, 38 Ensor Street *Address,* Broadway & Eastern

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set ting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the pe son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39360

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 30 1890 BALTIMORE

CERTIFICATE OF ~~DEATH~~.

Date of Death, April 29th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Martin

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Easton Short Va. V

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number} 40 Wayne St.

Cause of Death, First, (Primary,) Bronchitis & Heart disease

Second, (Immediate,) Pulmonary Oedema

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 1

Undertaker, Hercules Ross

Place of Business, 25 Norman St

L. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 30 1894 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27 1894

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Giles

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 17 yrs

Place of Death, {Give street and number} 72 Church St Patterson Park Avenue

Cause of Death {First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, 4 Mths

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 30

Undertaker, Hercules Boss

Place of Business, 95 Conway St *Address,* 315 Light St

R. P. Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39362

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parents name Frances & Cami Snowden

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 15 minutes *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 272 Mc. Donough St.

Cause of Death, First (Primary,) .....

Second (Immediate,) Convulsions

Duration of Last Sickness, 15 minutes.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, April 30 1880

G. C. Gordon M.D.
Medical Attendant.

Undertaker, Charles A White

Place of Business, 35 Granby St

Address 311 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39363

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH APR 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Doore

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 83 Eleventh St

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, May 2nd 80

E Jones Wilson M. D.
Medical Attendant.

Undertaker, M. Trance

Place of Business, 280 Canton Ave *Address,* 17 Patterson Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39364

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 30 1880 BALTIMORE

Date of Death, April 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Banes

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 55 *Years,* — *Months,* — *Days.*

Color, African Race

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co. Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 71 Offord St.

Cause of Death, First, (Primary,) —

Second, (Immediate,) Valvular disease of the Heart

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cemetery

Date of Burial, May 1 1880

Undertaker, J. C. Butler

Place of Business, 12 S. Paca

Louis W. Knight M. D.
Medical Attendant.

Address, 172 Franklin St

Extract from Regulations of the Board of Health to secure a Full and Correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Mercer Sheckells

Sex, Male or Female, {cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Storekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Aubert Co Md

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and number} 495 N Franklin St

Cause of Death, First, (Primary,) Insane for several years

Second, (Immediate,) Suicide by hanging

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, May 2 1880

Geo C Ople Coroner M. D.
Medical Attendant.

Undertaker, J. R. Cook

Place of Business, 707 W Balto St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th, 1880. 8.50 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aaron Fenton

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, Eighty *Years,* Ten *Months,* Twenty six *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, retired merchant

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Washington Penna

Duration of Residence in the City of Baltimore, Forty three years

Place of Death, {Give street and number.} No 369 Eutaw Place

Cause of Death, {First (Primary,) Fatty degeneration of the Heart

{Second (Immediate,) Nervous Asthenia resulting from old

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Monday May 3d

{Undertaker, Geo W Spence

{Place of Business, 195 N [redacted]

Hem A. Fenton M.D.
Medical Attendant.

Address, 369 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1880 BALTIMORE

CERTIEICATE OF DEATH.

Date of Death, April 30th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } J. H. Burrow

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 33 *Years,* 5 *Months,* 27 *Days.*

Color, White

~~Married~~ Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 756 N Lombard St

Cause of Death { First, (Primary,) Rheumatism
Second, (Immediate,) Heart exhaustion

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 2nd 1880

J. H. Hewitt M. D.
Medical Attendant.

Undertaker, John S. Weaver & Co

Place of Business, # 22 W. Fayette St *Address,* 15 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Neuhauser

Sex, Male or Female, {cross out the word not required in this line.}

Age, 45 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 125 Wester

Cause of Death, {First, (Primary.) Phthisis

Second, (Immediate,) unknown

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Al Johnson

Date of Burial, May 2 1880

Undertaker, H. Hasle

Place of Business, Light St

A. Adkins M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39369

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 11.30 a m

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Donahue.

Sex, Male or Female, { cross out the word not required in this line. }

Age, 42 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Seaman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Since 1860

Place of Death, { Give street and number } Boarding House.

Cause of Death, First, (Primary,) Apoplexy (There was been Hepatic Disease in Connection (Intemperate habits

Second, (Immediate,)

Duration of last Sickness, From 2 A M to 11 A M.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, April 30th 1880

Undertaker, Ethal T Scriven

Place of Business, 271 N Eutaw St

E. Cleveland Coxe, M. D.
Medical Attendant.

Address, 23 Maryland Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DEVLIN & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30: 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr Nathaniel Ramsley

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, Thirty Six *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Fireman

Birthplace, {State or country, and how long in the United States. If of foreign birth.} A. A. Co. Maryland

Duration of Residence in the City of Baltimore, Thirty Three Years

Place of Death, {Give street and number} No. 115 Lancaster St.

Cause of Death, First, (Primary.) —

Second, (Immediate,) Consumption

Duration of last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, May 1st 1880

Wm H Landman, M. D.
Medical Attendant.

Undertaker, Hy H Mears

Place of Business, 45 N. Gay St *Address,* 1010 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30 4 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parents Albert & Mary Vanderlinden

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} female

Age, ——— *Years,* ——— *Months,* One hour ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} cor Shirp & Pratt Sts

Cause of Death { First, (Primary,) Cyanosis
Second, (Immediate,) ———

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, May 2nd 1880

{ *Undertaker,* Jos E Cook
Place of Business, No 707 West Baltimore Street Address, 68 S. Sharp St

Chas E. Keener M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, _____

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} _____

Sex, Male or Female, {cross out the word not required in this line.} _____

Age, _____ *Years,* _____ *Months,* _____ *Days.*

Color, Black

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.} Single

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} York Co Va

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 18 N Eutaw

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 1 1889

C C Cox M. D.
Medical Attendant.

Undertaker, Theodore G Locke

Place of Business, 73 Jefferson *Address,* 18 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39373

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } J Da Cooper

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* 4 *Months,* 1 *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number } 139 S. Dallas St

Cause of Death, First, (Primary,) Supposed to have been Pneumonia

Second, (Immediate,) In Articulo Mortis when seen

Duration of last Sickness, 3-4 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 1 1880

Clifford Mitchell M. D.
Medical Attendant.

Undertaker, Theodore Locke

Place of Business, 15 Jefferson *Address,* 116 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 27574

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th, '80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celia Gordon

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days.*

Color, Mulatto

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, Four Months

Place of Death, {Give street and number} 60 St. Mary's St.

Cause of Death, First, (Primary.) Uterine Hemorrhage

Second, (Immediate,) Septicaemia

Duration of last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Sand Beach

Date of Burial, May 1. 1880

Undertaker, J. R. C. Jordan

Place of Business, 1266 Park Ave

Wm B. Rider M. D.
Medical Attendant.

Address, 107 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th, 9 o'clock, P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Roman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* four *Months,* Twenty-one *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No. 16 Saw Street, Same Date.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 16 Saw Street

Cause of Death First, (Primary,) Infantile convulsions.

Second, (Immediate,)

Duration of last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Alphansus Cemetery.

Date of Burial, May 1st 1880.

Undertaker, Geo. Leimbach

Place of Business, 389 West Pratt St.

Emil Lentzius M. D.
Medical Attendant.

Address, N. E. Cor Charles & Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cohen (Cowick)

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color,

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ire

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} At Womens Home

Cause of Death First, (Primary,) Phthisis Pulmonary

Second, (Immediate,)

Duration of last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 3d 1880

Undertaker, W. C. Jenkins & Son

Place of Business, 18 Light St

Geo H Taylor M. D.
Medical Attendant.

Address, 1 Wamley Grace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39377

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 1 1880

Date of Death, April 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Becket

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 31 *Years,* one *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laundress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Accomack Co Virginia

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give street and number} 4. Peach alley

Cause of Death, First, (Primary,) Impelitis from Exposure

Second, (Immediate,) Hemiplegia followed

Duration of last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Pr Cemetery

Date of Burial, May 31 1880

L. D. Sykes M. D.

Medical Attendant.

Undertaker, C H Ulrich

Place of Business, 16 1/2 Howard

Address, 146 Hill St

L. D. DYER & SON.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07-28.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Hakeley

Sex, Male or Female, {cross out the word not required in this line.} F.

Age, 57 *Years,* *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} M.

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Bond & Biddle

Cause of Death First, (Primary,) Cancer of Stomach

Second, (Immediate,) Asthenia

Duration of last Sickness, 5 mos.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 2nd 80

Undertaker, Geo. Schilling

Place of Business, 4th and Eutaw

H. T. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30 - 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Dwyer -

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Sixteen *Years,* Nine *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During - life

Place of Death, {Give street and number} 1093 N. Eutaw St

Cause of Death, First, (Primary,) Hydrocephalus

Second, (Immediate,) General Debility -

Duration of last Sickness, About ten days

All the above Information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, May 2nd 1880

D. L. Rucker M. D.
Medical Attendant.

Undertaker, Wm. O'Meara

Place of Business, No 202 N. Eutaw St *Address,* 57 Montgomery St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39380

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary K. Killman

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 532 Fun 21

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) 2 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenly Cemetery

Date of Burial, 3 May 1880

Undertaker, John P. Ellis

Place of Business, 268 Aliceanna Address, 121 E Baltimore

F. Ridgely Ander M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Ursula Hofman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 20 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 13 Chestnut alley

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) .....

Duration of last Sickness, 4 1/2 months

All the above information should be furnished by the Physician.

Place of Burial, Ft Alleghany

Date of Burial, May 3 1880

G Muellner M. D.
Medical Attendant.

Undertaker, Chas Hemsley

Place of Business, 48 Pennsylvania Ave

Address, 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be t duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate s ting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the p son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30 1880

Full Name of Deceased, { Write Family Name correctly. If an Infant not named, give name of parents. } Mary Mc...

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, Cook

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, 45 years

Place of Death, { Give street and number } Md. Penn. R.R.

Cause of Death, { First, (Primary.) Collapse / Second, (Immediate.) }

Duration of last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cemetery

Date of Burial, May 1 1880

Undertaker, M. A. Sauer

Place of Business, 74 E. Broadway

M. D.
Medical Attendant.

Address, 944 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39383

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT MAY 1 1880 BALTIMORE

Date of Death, April 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lala Drummond

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 260 E. Pratt St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, May 1st '80

Undertaker, Wm Frances

Place of Business, 288 Canton Ave

R. W. Mansfield M.D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Krenzer

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 234 Sharp St.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Cramps

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, German Luthrin, Druidhill

Date of Burial, May 2d 1880.

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

R. J. N. Tull M. D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Keefer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Seventy Five *Years,* —— *Months,* —— *Days.*

Color, White

~~Married, Single,~~ Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Cooper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick City Md

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number} 814 Prices Place

Cause of Death First, (Primary,) Cerebral Congestion

Second, (Immediate,) Five days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 3 May 1066 Clock

Undertaker, Geo. C. Rodenmayer

Place of Business, 38 Eutaw St. *Address,* 137 N. Eutaw St

H. P. Lewis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ignatius Lamb

Sex, Male or Female, {cross out the word not required in this line.} Male.

Age, Forty *Years,* *Months,* *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington

Duration of Residence in the City of Baltimore, Thirteen Years.

Place of Death, {Give street and number} 244 York st

Cause of Death, First, (Primary.) Typhoid fever

Second, (Immediate,) Asthenia.

Duration of last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, May 2nd 1880

Undertaker, Samuel Chase

Place of Business, 216 E. Howard

W. S. Boze M. D.
Medical Attendant.

Address, 206 Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* 9 *Months,* 23 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 184 Tyson St

Cause of Death, First, (Primary,) Cancer Liver

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 31 1880

Undertaker, S Whelan

Place of Business, No 198 Howard

R K Knox M. D.
Medical Attendant.

Address, 504 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

J. C. BUTLER & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Warren M. Curtis

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, 6 Months, 8 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 245 Saratoga St

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} [redacted]

Cause of Death { First, (Primary,) Cerebral Meningitis
Second, (Immediate,) with convulsions
5 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Lauden Park Cem.

Date of Burial May 1880

Undertaker, Wm H. Hickman

Place of Business, 234 N Gay St

Jos. E. Chapelle M. D.
Medical Attendant.

Address, 18 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 27

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Timothy Timothy

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* Livd only 15 minutes *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 182 Ramsey st

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 182 Ramsey st

Cause of Death, First, (Primary,) Prolonged & dry labor

Second, (Immediate,)

Duration of last Sickness, Lived only 15 minutes after birth

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, May 1st 1880

Undertaker, J. B. Cook

Place of Business, 707 N. Balto St

John Neff M. D.
Medical Attendant.

Address, 538 W. Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1/00

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie F. Lennotte

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 268 Franklin St

Cause of Death, First, (Primary,)

Second, (Immediate,) Valvular disease of Heart

Duration of last Sickness, Two (2) Months

All the above information should be furnished by the Physician.

Place of Burial, Bethany Cemetery

Date of Burial, May 3rd 1900

Undertaker, Thos. F. Hafner

Place of Business, 60 E. Baltimore St.

H L Lincoln M. D.
Medical Attendant.

Address, 379 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry J. Abert

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 16 *Years,* 6 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 164 E. Madison

Cause of Death, First, (Primary.) Anemia cardiac

Second, (Immediate.) Ruptured aorta

Duration of last Sickness, Fifteen days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, May 2nd

J. Hutton M. D.
Medical Attendant.

Undertaker, Wm. Peter Diffenderffer

Place of Business, S. Bond st. 151 | *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39392

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Phthisis Pulmonalis = April 30/88

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Reynolds

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Salesman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number} 24 Albemarle St

Cause of Death {First, (Primary,) / Second, (Immediate,)} Phthisis Pulmonalis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem.

Date of Burial, May 1st 1888

A. Shenfer M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

Address, 11 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Thomas Dalby

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ____ *Years,* ____ *Months,* 6. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} # 265. Cross St

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 1-1880.

Undertaker, J. F. Krause

Place of Business, 209 Hanover

James H Steuart M. D.

~~Medical Attendant~~

Address, Comm. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39394

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry H Ely

~~White, Male or Female,~~ {cross out the word not required in this line.} Male

Age, ~~Years,~~ *Months,* *Days.*

Color, Color

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country, and how long in the United States if of foreign birth,} Baltimore Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 8 Paca Court

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, May 1st 21

Undertaker, Abraham Isaacman

Place of Business, 13 Saratoga St

E Hall Carroll M. D.
Medical Attendant.

Address, 157 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit 39395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30' 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie J. McGann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} 256 Hanford ave.

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) "

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cimetery H. G. Watson M. D.

Medical Attendant.

Date of Burial, May 2 d

Undertaker, H. C. Wiedefeld *Address* 437 N. Centre ave.

Place of Business, 90 Greenmount av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 39396 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 30/80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Mary Winemiller

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 18 *Years,* 4 *Months,* *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Ame

Birthplace, { State or Country and how long in the United States, if of foreign birth. } York Co. Penna.

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, { Give street and number. } 283 E. Lombard St.

Cause of Death, First, (Primary.) Gastro-Enteritis

Second, (Immediate.)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Shrewsbury Station York Co. Pa

Date of Burial, May 3. 1880

Undertaker, M. A. Saiger

Place of Business, 74 S. Broadway

R. W. Mansfield M.D.
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1750

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39 397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1880 2 Oclock P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W Stokely

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 9 *Years,* 1 *Months,* 1 8 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, 19 yrs 1 mo 18 days

Place of Death, {Give street and number.} Montgomery st cor Ohio Avenue

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Hemmorhage

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, 2nd May 1880

Undertaker, Culbertson & Co

Place of Business, 180 Hanover st

T Edward Kirby M. D.
Medical Attendant.

Address 24 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 34398

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Brown

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male,

Age, 27. *Years,* *Months,* *Days.*

Color, Black,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married,

Occupation, Drayman,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 8 years.

Duration of Residence in the City of Baltimore, 303 Hanbury St

Place of Death, {Give street and number} Phthisis Pulmonalis

Cause of Death { First, (Primary,) Asthenia.
Second, (Immediate,) Eleven weeks.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Stanfast Cemetery

Date of Burial, 2nd May 1880

Undertaker, F. H. Perkins & Co

Place of Business, 130 Henrietta st

Robert Bond, M. D.
Medical Attendant.

Address, Balto Infirmary.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margarita Violi

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* — *Days.*

Color,

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 days

Place of Death, {Give street and number} 207 Aliciana St

Cause of Death, First, (Primary) Convulsions

Second, (Immediate)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Michaels Cem

Date of Burial, May 24, 1880.

Undertaker, Leonard Kurtz

Place of Business, Bond St

Edward A Smith M. D.
~~Medical Attendant.~~

Physician

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Examined by Mr. Smith

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39400

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Patrick Hines

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 *Years,* 5 *Months,* 15 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Melvale, Baltimore Co, Md.

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} 418 Woodyear St

Cause of Death, First (Primary,) Malarial (Remittent) Fever. complicated with Double Pneumonitis.

Second (Immediate,)

Duration of Last Sickness, Twenty four days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetary

Date of Burial, May 3rd 1880

Undertaker, Ed Saffran

Place of Business, 121 Penna Ave

Wm. W. Murray M. D.
Medical Attendant.

Address Fayette & Fremont Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie E. Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* 6 *Months,* 16 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, At home

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 65 Perry, 1 Dr Thera

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, May 2d 1880

Undertaker, J E Jordan

Place of Business, 63 Fish Ave

J. O'Connor *M. D.*

Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Williams

Sex, Male or Female, {cross out the word not required in this line.}

Age, 21 *Years,* 4 *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harrisburg Pa.

Duration of Residence in the City of Baltimore, 19 yrs

Place of Death, {Give street and number} 36 Druid Hill Ave

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Consumption of Lungs

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemt

Date of Burial, May 3d 1880

Chas Ogle Coroner M. D.
Medical Attendant.

Undertaker, Andrews & Hodges

Place of Business, No 46 Druid Hill Ave *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 1st 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Stiefenhofer

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 3 *Years,* 10 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltv. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 103 N. Chapel st.

Cause of Death First, (Primary,) Disease of Spine

Second, (Immediate,) Pneumonia

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, May 2nd '80

Undertaker, W. Frances

Place of Business, 280 Canton Ave

P. S. Daniel M. D.
Medical Attendant.

Address, 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 39404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Washington

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 73 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Wood Sawer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia ~~Norfolk~~ (Norfolk)

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number} 6 Centre Street

Cause of Death, {First, (Primary,) Pneumonia / Second, (Immediate,)

Duration of last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem.

Date of Burial, May 2nd 1880

Undertaker, Patrick Mullin

Place of Business, —

Thos A Steuart M. D.
~~Medical Attendant~~

Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Mr Smith, Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39405 1322

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Immanuel Wilson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 52 *Years,* 0 *Months,* 0 *Days.*

Color, Dark brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick County

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and number} No 9 L Pine st

Cause of Death, First, (Primary,) Unknown

Second, (Immediate,) Inflamation of Bowels

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

~~Date~~ Place of Burial, May 1 1880

~~Place~~ Date of Burial, Sharp St. Cemetery

Undertaker, Wm. F. Bulger

Place of Business, 97 Druid Hill Ave

B. F. Bohrer M. D.
Medical Attendant.

Address, Cor Dolphin & Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1140 A.M. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand Swabeck

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 5 *Years,* 11 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single ~~Widow~~ ~~Widower~~

Occupation, ~~X X X~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 359 E. Fayette

Cause of Death, First, (Primary.) Scarlatina Maligna

Second, (Immediate,) ____

Duration of last Sickness, 9 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, May 3rd 1880

Samuel C. Dromille M. D.
Medical Attendant.

Undertaker, A. Hilbert

Place of Business, 344 E. Lombard *Address,* 292 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th April 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathilda Boston

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 65 *Years,* ? *Months,* ? *Days*

Color, colored

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.} widow

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, all her lifetime

Place of Death, {Give street and number.} 103 Sarah Ann Street

Cause of Death, First (Primary,) Heartdisease

Second (Immediate,) Paralysis of heart.

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 2d

Undertaker, William Bourge

Place of Business, No 62 East Street

A F Pennybacker M.D.
Medical Attendant.

Address, 224 West Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Werner Hoffman

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— Years, Eleven Months, ——— Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md. Since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 13 N. Pine St

Cause of Death { First, (Primary,) Tetanus
Second, (Immediate,) Convulsions

Duration of last Sickness, Ten hours

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, May 3d 1880,

Undertaker, S. M. Leonard & Son

Place of Business, 782 Balto. St

[signature] M. D.
Medical Attendant.

Address, # 584 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Hamilton Linthicum

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 *Years,* 3 *Months,* 8 *Days.* 12

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 6 William St

Cause of Death First, (Primary,) Scarlatina

Second, (Immediate,) hydrocephaloid

Duration of last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 3rd 1880

Undertaker, Mt Olivet

Place of Business, 263 Light

Jos E Smith M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Margaret E. Thompson~~ May 1. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret E. Thompson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 31. *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 307 S. Charles St

Cause of Death, First, (Primary.)

Second, (Immediate,) Phthisis

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, May 3 80

Thos. Lotz M. D.
Medical Attendant.

Undertaker, Feldmeyer & Dinsey

Place of Business, 262 W. Pratt *Address,* 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07 4.]

No. 39411

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Hosler

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 49 yrs

Place of Death, {Give street and number} 230 Montgomery St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount cem

Date of Burial, May 17th 1880 W. D. [illegible] M. D.

Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light st *Address,* 249 Light

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

{OVER.}

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles F Eibert

Sex, Male or Female, {cross out the word not required in this line.}

Age, 62 *Years,* 10 *Months,* 12 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Labor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give street and number} 106 ~~Front~~ Warner st

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of last Sickness, 2 years & 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 4

Herndon Leslie M. D.
Medical Attendant.

Undertaker, Joseph B Cook

Place of Business, 707 East Baltimore *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 37415

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39413

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Kerr

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 35 *Years,* 4 *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housekeeper Dressmaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 7 Wagner ave

Cause of Death, First, (Primary.) Child-birth

Second, (Immediate.) Puperal Peritonitis

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 3

G. H. Ams M. D.
Medical Attendant.

Undertaker, Jos. Cook

Place of Business, 707 W. Baltimore *Address,* Cor Stricker & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Henry Deuel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* ... *Months,* ... ½ *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Dallas St Bet 95.

Cause of Death, { First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 3

{ *Undertaker,* H. Lippel

{ *Place of Business,* S. Broadway 151

John A. Schmidt, M. D.
Medical Attendant.

Address 2 E. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 39415

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Abendschoen

Sex, Male or Female, {cross out the word not required in this line.}

Age, 42 *Years,* 2 *Months,* 5 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Late

Place of Death, {Give street and number} 843 N Pratt

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius

Date of Burial, May 4th 1880

Undertaker, P Kummer

Place of Business, Mulberry *Address,*

S Dillehay M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

... Disease on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39416

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30 Th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry H. Hayes

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Fifty Eight Years, ... Months, ... Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter and Builder

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} North Broadway No 176

Cause of Death, First, (Primary,) Mental worry

Second, (Immediate,) Hepatization of the lungs

Duration of last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, Hol. Cross Cemetery

Date of Burial, May 1 1880

Undertaker, Jas P Byrne

Place of Business, 3 Front St

Milton A. Taylor M. D.
Medical Attendant.

Address, Broadway & McElderry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39417

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Carrington

~~Sex~~, Male or ~~Female~~, {cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 7 *Days.*

Color, colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 922 Hanover St.

Cause of Death First, (Primary,) Tubercular Meningitis

Second, (Immediate,) 4 weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 3

Undertaker, Hercules Zell

Place of Business, 95 Conway St

C. M. Hall M. D.
Medical Attendant.

Address, 962 E. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cathrene J Johnson

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* 1 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 87 Orleans St.

Cause of Death, {First (Primary,) Bronchitis capillaris

{Second (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician

Place of Burial, Laurel Cemetery

Date of Burial, May 3d 1880

{*Undertaker,* Wm M Dinges

{*Place of Business,* 1062 East, St

Charles H Thomas M. D.
Medical Attendant.

Address 85 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3. 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Hammond

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, five Years, two Months, ten Days.

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 93 Harmony Lane Darling Lane (Sto

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, May 3 1880

Undertaker, W. Kerchner

Place of Business,

J. Norris M. D.
Medical Attendant.

Address 66 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...specially invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Busselmann

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 35 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Machinist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hanover / Germany

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number} # 4 Bradford Alley 15th Ward

Cause of Death, First, (Primary,) Intemperance

Second, (Immediate,)

Duration of last Sickness, About Eight days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 4th

Undertaker, H. A. Voll

Place of Business, #131 Hanover *Address,* 141 Saratoga St

L. A. Bell M. D.
Medical Attendant.

HEALTH DEPARTMENT MAY 3 1880 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39421

The Physician, who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Anne Chisley

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 12 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Chestnut 191

Cause of Death { First, (Primary,) Brain irritation
Second, (Immediate,) Convulsions

Duration of last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, May 3

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, C. Harris & Wife

Place of Business, 95 Greenby st

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 39427

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carroll K. Randle

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Twenty *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No. 30 & 1 Pleasant St.

Cause of Death, First, (Primary,) —

Second, (Immediate,) Acute Congestion of Lungs

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, May 4 1880

Undertaker, Jos. H. Byrne

Place of Business, 37 N. Liberty St

W. C. VanBibber M. D.
Medical Attendant.

Per Claude VanBibber Jr.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Born 1752

...Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 3 1880 BALTIMORE

Date of Death, May 1st 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Thompson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* 5 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cambridge Md.

Duration of Residence in the City of Baltimore, about 2 years.

Place of Death, {Give street and number} 274 S. Eutaw St.

Cause of Death First, (Primary,) Scrofula

Second, (Immediate,) Consumption

Duration of last Sickness, about an year.

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, 5th May

Undertaker, [illegible]

Place of Business, 180 Lemmitta

L. M. Blake, M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1753

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Hinneman

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White,

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Wife and Worker;

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number} 137 Saratoga St.

Cause of Death First, (Primary.) Diabetic Biliary Calculi, Pregnancy.

Second, (Immediate.) Gastro-Enteritis.

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, May 4th

Undertaker, H. Rothermund

Place of Business, 45 Clay St.

W. P. Morgan M. D.
Medical Attendant.

Address, 175 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39425

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Bohlmann.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 8 *Years,* 5 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 8yrs 5 mos.

Place of Death, {Give street and number} 33 Randall St

Cause of Death, First, (Primary,) "Scarlet Fever"

Second, (Immediate,) "Dropsy" Convulsions

Duration of last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 4

R. B. Fishburne M. D.

Undertaker, B. Marle

Place of Business, 411 Light St. *Address,* S.E. Cor. Light & Cross.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 69 Saturday May 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Steiger

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 49 *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Plumber

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 276 E. Fort Ave

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.)

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 17 May 2 Oclock

Wilmer Brinton M. D.
Medical Attendant.

Undertaker, Geo. A. Rodenmayer

Place of Business, 37 Canew Alley *Address,* 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

No. 39427

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday May 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel H. Sleeger

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 276 N. Front St

Cause of Death, First, (Primary,) "Tubercular Meningitis"

Second, (Immediate,)

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 2 O'Clock P.M.

Wilmer Lemmon M. D.
Medical Attendant.

Undertaker, George C. Rodenmayer

Place of Business, 38 Exeter St. *Address,* 25 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DURANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday May 3 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Jane Golden

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } 52½ Raburg St

Cause of Death { First, (Primary,) Marasmus

Second, (Immediate,) 5 Months

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 3

Undertaker J B Cook

Place of Business, 707 W Balto *Address,* .....

D Dimmitt Norris M. D.
Medical Attendant.

553 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Campbell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 423 N. Dallas

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial May 2nd 1880

Undertaker, Theodore G. Locke

Place of Business, 73 Jefferson

Wm. N. Hill M. D.
Medical Attendant.

Address 466 E. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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No. 39430

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39430

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2d 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bertha McKnight

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 2 *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~~

Occupation, ~~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ~~~

Place of Death, { Give street and number } 197 Montgomery St

Cause of Death, { First, (Primary,) Diphtheritic Croup

Second, (Immediate,) 3 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemt, | Attended by H. W. Webster first & was call—in consulting Physician H. Ashby M. D. Medical Attendant.

Date of Burial, May 4th 1880 |

Undertaker, Wm R. Lynn |

Place of Business, 263 Light St | *Address,* 17 Warren Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~for~~ No Name - Josiah Bailey Josephine Bailey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 3 *Days.*

Color, Col'd *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and number.} Virginia alley

Cause of Death, First (Primary,) (Congenital Syphilis)

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, 3rd May

Undertaker, Wm Downing

Place of Business, Stockton alley

Alex Turley M. D.
Coroner Medical Attendant.

W. D.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 39432

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick McClean

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 341 N. Gay St

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Convulsions

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cy

Date of Burial, May 4th 1880

Undertaker, H. Schultheis

Place of Business, E. Mt. St. 20

Thomas Porter M. D.
Medical Attendant.

Address, 44 [redacted]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 39433

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39433

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Young

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} No 122 E Chester St

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Premature Birth

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, May 4th 1880

Undertaker, H. A. Schwarz

Place of Business, 130 Eutaw

D. Hall M. D.
Medical Attendant.

Address, 2 W Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39434

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 4 1880 BALTIMORE

Date of Death, May 3. 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C Gunn

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, Blk

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 2½ days

Place of Death, {Give street and number} 17 Rice

Cause of Death { First, (Primary,) Prematurity Debility
Second, (Immediate,) 2½ day

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 5. 1880

Undertaker, John C Jones

Place of Business, No 63 Park Ave

[signature] M. D.
Medical Attendant.

Address, 57 Eager

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39435

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2d. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances V. Taylor

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 56 *Years,* 2 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. County Md

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number} 450 N. Calhoun St.

Cause of Death, First, (Primary,) Scirrhus, located in Mammary Gland, and Muscles of Chest

Second, (Immediate,) General exaustion

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemy

Date of Burial, May 4

Undertaker, J J Chalmers

Place of Business, 341 Pena Ave

J. H. Christian M. D.
Medical Attendant.

Address, 431 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 39436

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Merrick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Two (2) *Years,* Six (6) *Months,* —— *Days.*

Color, Colicty

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 7 Miller Street

Cause of Death, First, (Primary.) Diph Heritis Faecium

Second, (Immediate.) Diph Heritic Laryngitis

Duration of Last Sickness, Three (3) Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 5th

Undertaker, Fry & Bro

Place of Business, 37½ Broadway

S. W. Flinn M.D.,
Medical Attendant.

Address, S E Cor Eager & Caroline Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT MAY 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2nd 6 oo A.M. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah Chapeman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 45 *Years,* ____ *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Drayman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 2 S. Bethel

Cause of Death, First, (Primary.) ____ Second, (Immediate,) Typhoid Fever

Duration of last Sickness, 17 Days.

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cemetery

Date of Burial, 4th May 1880

Undertaker, Wilkins & Co

Place of Business, 130 Hanover st

James E. Donnelly M. D.
Medical Attendant.

Address, 29 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 39431

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39438

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 3rd May 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Cronenberg.

Sex, Male or Female, {cross out the word not required in this line.}

Age, Seventy one (71) *Years,* Eight (8) *Months,* ..... *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Priest.

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Prussia.

Duration of Residence in the City of Baltimore, about Forty (40) Years.

Place of Death, {Give street and number} St Michael's Parsonage Cor Lemmon

Cause of Death, First, (Primary.) Diabetes Mellitus.

Second, (Immediate.) Diabetic Exhaustion.

Duration of last Sickness, about 3 or 4 Years. (Not known)

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, May 5th '80

McCraan Bibbins M. D.
Medical Attendant.

Undertaker, Jno. France

Place of Business, 280 Canton Ave *Address,* 47 Fountain St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 39439

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Shrhardt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* 8. *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laundress.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and number.} Cor Harford Ave & Hoffman Street

Cause of Death, First, (Primary.) Vesicular Erupt of Genua

Second, (Immediate) Marasmus Tho Dropsy

Duration of Last Sickness, Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 5th of May

Undertaker, Adam Fink

Place of Business, 461 Park Ave & Eager

S. W. Brown M.D.,
Medical Attendant.

Address, Eager & Caroline Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 39440

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39440

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Totzuer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 30 New Church St

Cause of Death First, (Primary,) Meningitis

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, May 5th

F. E. Chatard Jr M. D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 201 Hanover *Address,* 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39451

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J Conn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 7 Months and

Place of Death, {Give street and number} [illegible]

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) 1 month

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 5th 1880

Undertaker, C. H. Krause

Place of Business,

L Libeau M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39454

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugo Sander

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, 26 *Years,* 5 *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 9 Druid St

Cause of Death, First, (Primary,) Phthisis pulmonum

Second, (Immediate,) Marasmus

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Mount Hebron Cemetery

Date of Burial, May 19

Undertaker, John Kenny

Place of Business, 382 Columbia St *Address,* 241 E. Lombard

J. Statter, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 39443

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39443

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mary B. Mish

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} 4th May 1880

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number} Mansion House

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Prot. Elizabeth N.J.

Date of Burial, May 1880.

H. W. Dunnings M. D.

Medical Attendant.

Undertaker, Enoch T. Millard

Place of Business, 35 Park Ave *Address,* 274 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transcribed 1754

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 39444

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. A. M. Homan,

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 61 *Years,* ..... *Months,* ..... *Days.*

Color, White,

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, House wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ~~Single~~ Twenty-four yrs.

Place of Death, {Give street and number} 1 St. Paul St.

Cause of Death { First, (Primary,) Goitre Illness
Second, (Immediate,) Peritonitis

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 5th 1880

Undertaker, Andrew Fuchs

Place of Business, 234 E. Lee St.

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May - 3

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~No~~ Name of Parents

Sex, Male or Female, {Cross out the word not required in this line.} George Gibson Robinson and

Age, a few hours Years, Jennie C Robinson Months, Days.

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 237 N Curey

Cause of Death, First (Primary,) Premature.

Second (Immediate,) Cyanosis

Duration of Last Sickness, ~~—~~

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, May 4th 1880

Undertaker, Andrews & Hodges

Place of Business 164 & 62 Druid Hill Ave *Address*

Jno J. Caldwell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 4 1886 BALTIMORE

Date of Death, May 3rd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leon Claude Simmons

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 403 N. Paca St.

Cause of Death { First, (Primary,) Second, (Immediate,) Tubercular Meningitis

Duration of last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 5th 1886

Jno. A. Blake *M. D.*
Medical Attendant.

Undertaker, Armstrong & Son

Place of Business, 963 Fell St *Address,* 168 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Carter

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 23 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore MD all his life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 20 Gilbert St-

Cause of Death, First, (Primary,) Bright's disease

Second, (Immediate,) Pneumonia

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 4th 1880

Undertaker, Fred A Kerchner

Place of Business,

W A Dietrich MD M. D.
Medical Attendant.

Address, 222 W Fayette St-

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 39448

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39448

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Benjamin R. Harwood

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 59 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Tailor

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Warwick Co. Va

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, { Give street and number } 38 E. Fayette St

Cause of Death, { First, (Primary,) Bright's Disease of the Kidneys / Second, (Immediate,) Gangrene of the Limb

Duration of last Sickness, 4 Months

All the above Information should be furnished by the Physician.

Place of Burial, Bonaparte N Carolina

Date of Burial, March 5th 1880

Undertaker, Wm S Hughes

Place of Business, 411 E Balto

J J Hopkins M. D.
Medical Attendant.

Address, 132 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BRYANT & CO. CITY PRINTERS AND STATIONERS.

Transcript 1753

(over.)

this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 4 1880 BALTIMORE

Date of Death, May 3d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm M Sam

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Wood Turner

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 2 E Lee St

Cause of Death, {First (Primary,) Apoplexy (Supposed)
Second (Immediate,) Sudden death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, May 5th 1880

Undertaker, Henry W Mears

Place of Business, 45 N Gay

Chas Holton M.D.
Coroner's Clerk
Medical Attendant.

Address, C H Building

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39450

HEALTH DEPARTMENT MAY 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown (John Böhnlein afterwards recog by his friends)

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, about 57 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Bowley's wharf

Cause of Death First, (Primary,) Accidental

Second, (Immediate,) Drowning

Duration of last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, C P Cemetery

Date of Burial, May 4

Undertaker, Patrick A Mullin

Place of Business,

Edwd R Walker M. D.
~~Medical Attendant.~~

Address, 183 Linden ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39457

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 4 1880 BALTIMORE

Date of Death, May 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Osborn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One (1) *Years,* Two (2) *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 280 S. Broadway

Cause of Death, First, (Primary.) Diarrhoea

Second, (Immediate.) Convulsions

Duration of Last Sickness, Four (4) days

All the above Information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, 5th May 1880

Undertaker, John C. Smith

Place of Business, 265 Main *Address,* 7 S Broadway

G. L. Wilkins M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, [redacted] 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give name of parents } Jas Burns.

Sex, Male or [redacted] { Cross out the word not required in this line. }

Age, 40 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, [redacted] { Cross out the words not required in this line. }

Occupation, Hostler

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ireland

Duration of Residence in the City of Baltimore, [redacted] Don't know

Place of Death, { Give street and number. } 9 N. Frederick Street

Cause of Death, { First (Primary,) [redacted] Second (Immediate,) } Compound comminuted depressed fracture of Skull, caused by kick of horse.

Duration of Last Sickness, Survived one hour after the accident.

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters

Date of Burial, 5th

Undertaker, Henry W Mears

Place of Business, 45. N. Gay St

A. Hill, M. D.
Medical Attendant.

Address 82 N. Gay Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 39453

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39453

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie Blanche Jenkins

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 18 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nursery and Child's Hospital

Cause of Death, First, (Primary,) Hydrocephalus

Second, (Immediate,) ____

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 5th 1880

C. F. Brown M. D.
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, ____ *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. D. ENSLEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 39404

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 1880 BALTIMORE

Date of Death, ~~February~~ May 4 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Nagle

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 19 *Years,* 5 *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} 32 New Church

Cause of Death First, (Primary,) Fracture of skull from thrown stone

Second, (Immediate,) Hemorrhage + compression

Duration of last Sickness, 38 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 6th 1880

Undertaker, John D Meehan

Place of Business, Park & Fayette Sts

Edwd H Walker M. D.
~~Medical Attendant.~~

Address, Corner Pd

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ecial attention of Physicians is respectfully invited to the REMARKS below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4th May 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George M. Falcke

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 9. *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 84 Hill St

Cause of Death { First, (Primary,) Tubercular Meningitis
Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 6th 1880

Undertaker, John S Bachus

Place of Business, Park & Fayette Sts

H. W. Webster M. D.
Medical Attendant.

Address, 57 Bowen St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 39436

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Burks

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* 22 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Hotel clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Mt. de Grace, Harford Co Md

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number} 272 S. Broadway

Cause of Death, First, (Primary,) ..... Phthisis Pulmonalis

Second, (Immediate,) ..... Venereal Warts

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Havredegrace Md

Date of Burial, May 6th 1880

A Engelbrecht M. D.
Medical Attendant.

Undertaker, Fry & Son

Place of Business, 67 N Broadway *Address,* 11 S. Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ation of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 5 1880 BALTIMORE

Date of Death, May 4 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary V. McNancy.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 6 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 25 S. High St.

Cause of Death { First, (Primary,) Spina Bifida

Second, (Immediate,) —

Duration of last Sickness, Congenital

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 5th

Abram B. Arnold M. D.
Medical Attendant.

Undertaker, Edward Burns

Place of Business, North Front Near Low Street

Address, —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

. OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joan Louis Colson

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation; .....

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and number} 10 Hunter St.

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 5

Undertaker, Hercules Ross

Place of Business, 95 Holliday St *Address,* 206 Sharp St

W. S. Booze M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 39459

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Brogdon

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 47 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 47 years

Place of Death, {Give street and number} No Church St- no 27

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) Acute Consumption

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 5th 80

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga St-

L Eugene Bigg M. D.
Medical Attendant.

Address, #57 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1880 at 12-10 A m

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} North Devon England

Duration of Residence in the City of Baltimore, thirty nine years

Place of Death, {Give street and number.} 436 Eutaw Place

Cause of Death, First (Primary,) Fibroid tumor of the uterus

Second (Immediate,) Acute Pleurisy

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery W. T. Howard M. D.

Medical Attendant.

Date of Burial, May 6th 1880

Undertaker, John F. Weaver & Co. *Address* 181 Mad. Ave.

Place of Business, ~~#~~ 22 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 3946

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm F. Schultz

Sex, Male or Female, {cross out the word not required in this line.}

Age, 21 *Years,* 9 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Salesman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 327 Mulberry St

Cause of Death, First, (Primary.)

Second, (Immediate,) Phthisis

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 6th 1880

Thos Corbin M. D.
Medical Attendant.

Undertaker, F. Lewis Schaefer

Place of Business, 109 N. Fremont *Address,* 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 39462

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39462

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis L. Meyer } Parents + M. J.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ~~2~~ *Months,* 2 hours ~~Days~~

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 150 S. Broadway

Cause of Death { First, (Primary,) ..... ; Second, (Immediate,) Pneumatis

Duration of last Sickness, Two hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 5th 1889

Undertaker, H. Zauter

Place of Business, 252 Linton St

Nicholas L Dashiell M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

al Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Virginia Lehman

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 7 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 8 Bevan's

Cause of Death {First, (Primary,) Scarlatina Maligna

Second, (Immediate,) 2 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 18th 1880

Undertaker, B. Hearle

Place of Business, ———

Geo. H. Bond M. D.
Medical Attendant.

Address, 144 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Rebecca Washington

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~Years~~, 7 *Months,* ~~Days~~.

Color Col *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 1 Dog al

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 1 Dog al

Cause of Death, First (Primary,) Convulsions.

Second (Immediate,)

Duration of Last Sickness, Few days.

above information should be furnished by the Physician.

Place of Burial, W. Pub Cemy

Date of Burial, May 5th 1880

Undertaker, F. A. Kirchner

Place of Business,

Jno. S. Jay *M. D.*
Medical Attendant.

Address Park Ave & Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 39465

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 7 P.M. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leathanie Moan

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 1 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} XXX

Occupation, XXX

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} S Gough St

Cause of Death, First, (Primary.) Premature Birth

Second, (Immediate.) Eclampsia

Duration of last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 5th 1880

James E Emmitt M. D.
Medical Attendant.

Undertaker, James E Burns

Place of Business, [illegible]

Address, 199 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ar Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39466

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 5 1880 BALTIMORE

Date of Death, May 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Vodell

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, / Years, XX 3 Months, — Days

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number.} 180 S. Regester St

Cause of Death, First (Primary,) Teething

Second (Immediate,) Convulsions

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cem.

Date of Burial, May 5th

Undertaker, Henry Sander

Place of Business, 252 Canton Ave.

Charles H. Wolff M.D.
Coroner
Medical Attendant.

Address, 69 Wallis St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 39467

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 5 1880 BALTIMORE

Date of Death, May 4th 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Neill

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ____

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 19 E. Eastern Ave.

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) Spasms

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Hamilton Grave Yard

Date of Burial, May 6th 1880

Undertaker, [illegible]

Place of Business, [illegible]

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 39468

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Walling

Sex, Male or Female, {cross out the word not required in this line.}

Age, 52 *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, R. R. Conductor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick City Md.

Duration of Residence in the City of Baltimore, 10 Yrs.

Place of Death, {Give street and number} University Hospital

Cause of Death First, (Primary,) C.C. Fracture of Tibia & Fibula left

Second, (Immediate,) Asthenia

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Buttern Cemetery

Date of Burial, May 7

Undertaker, J B Cook

Place of Business, 707 W Pratt

C.E. Engg. M. D.
Medical Attendant.

Asst. Resident Physician

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 39469

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} L. A. Simpson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, — 75 — *Years,* 4 *Months,* 29 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Artist

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Frederick

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number} Fayette Cor Gilmor

Cause of Death, First, (Primary,) Dyspepsia

Second, (Immediate,) General debility & old age

Duration of last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 6th

Undertaker, D. W. Cook

Place of Business, 707 W. Balt St.

John H Aldridge M. D.
Medical Attendant.

Address, No 129 Fulton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 39470

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 5 1880 BALTIMORE

Date of Death, May 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Gler

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 30 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Washer & Ironer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co. Md

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} 82 N. Eutaw Ave

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 5 1880

G. F. Taylor M. D.
Medical Attendant.

Undertaker, Charles A Miller

Place of Business, 93 Granby St *Address,* 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 39471

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3rd 90

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Kelly

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 133 Hudson St (Canton)

Cause of Death, First, (Primary,) Lobular pneu.

Second, (Immediate,) Bronchitis.

Duration of last Sickness, 16 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, May 5

Undertaker, W. Lippel

Place of Business, S Broadway

Edward P. Mendes M. D.
Medical Attendant.

Address, 133 S Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 39472

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice White

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* Day *Months,* 20 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} In 700 N. Balt. Street

Cause of Death, First, (Primary.) Hydrocephalus

Second, (Immediate,) Convulsions

Duration of last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount C

Date of Burial, May 6 - 1880

Chas. H. Wolff M. D.
Medical Attendant.

Undertaker, J. B. Blackistone & son

Place of Business, 606 Bath st *Address,* 306 N. Gayetty St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 39473

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39473

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bartow Thomas.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} University Hospital.

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia,

Duration of last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, May 4/80

Undertaker, W. A. Rexhuer

Place of Business, 50 S. Carroll Ave.

C. E. Gregg M. D.
Medical Attendant.

Asst. Resident Physician

Address, University Hospital
Cor. Penn & Lombard Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 39474

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 5 1880 BALTIMORE

Date of Death, May 4. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adela

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Illegitimate

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death { First, (Primary,) Congestion of Brain
Second, (Immediate,) Spasm

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial Bonnie Brae

Date of Burial, May 6. 1880

Undertaker, Jos Brannigan

Place of Business, 156 Division St.

Mahlon Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 39475

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aveline

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md. Maternité

Duration of Residence in the City of Baltimore, Institution 10 days

Place of Death, {Give street and number} St. Vincents Infant Asylum

Cause of Death { First, (Primary,) Marasmus
Second, (Immediate,)

Duration of last Sickness, from when received

All the above information should be furnished by the Physician.

Place of Burial Bonnie Brae

Date of Burial May 6. 1880

Undertaker, Jos Bramiford

Place of Business, 156 Division St.

Marbury Brewer M. D.
Medical Attendant.

Address, 68 Mc Culloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 39476

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ct Catherina Phoemer

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 32. *Years,* 1 *Months,* 14 *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number} 170 Fierce

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 6 Month.

All the above information ~~should be~~ furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 7th 1880

Louis Ch Koontz M. D.
Medical Attendant.

Undertaker, S. Lewis Cash

Place of Business, 389 W. Pratt *Address,* 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 3947

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Washington

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Twenty one *Years,* eleven months *Months,* twenty six *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} 27 Cider alley.

Cause of Death First, (Primary.) Cold

Second, (Immediate.) Consumption & Lungs

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 6. 1880

Undertaker, J. C. Jones

Place of Business, No 63 Park st

Jos. E. Chappell M. D.
Medical Attendant,

Address, 18 S. Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 39478

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39478

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Manion

Sex, Male or Female, {cross out the word not required in this line.}

Age, —— *Years,* 9 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 90 Ramsey

Cause of Death { First, (Primary,) Gastro intestinal Catarrh
Second, (Immediate,)

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 6th 1880

Edwd F. Nicholson M. D.
Medical Attendant.

Undertaker, Jos. B Cook

Place of Business, 1702 W Baltimore Street

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 39479

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert H. Schroder

Sex, Male or Female, {cross out the word not required in this line.} M

Age, 21 *Years,* 5 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 121 Ridgely St.

Cause of Death, First, (Primary.) Malignant Sarcoma of Face

Second, (Immediate.)

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, May 6th 1880

Undertaker, John Meaches

Place of Business, Park & Fayette Sts

I. C. Burch M. D.
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 39480

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th May 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lida R. Orem

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 19 years *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co. Maryland

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} 116 S. Paca St.

Cause of Death, First, (Primary.) Scarlet Fever.

Second, (Immediate,) Ulceration of bowels. Bright's Disease

Duration of last Sickness, 2 years & 4 months

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md.

Date of Burial, May 6th 1880

Undertaker, Wm. Meacher

Place of Business, No 152 Lombard St

Augustus V. Dodge M. D.
Medical Attendant.

201 Hanover St

Address, ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Harris 1757

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 89481

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida J. Lucas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2. *Years,* 8. *Months,* 26. *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 84 Plum alley

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 6th 1880

Undertaker, Hercules Ross

Place of Business, 95 Conway

Thomas Cook M.D.,

Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 39482

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C. Dorsey.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 32 *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number} Corner Eden & Pitts Streets

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Consumption

Duration of last Sickness, About two years

All the above information should be furnished by the Physician.

Place of Burial, Salt Cemetery

Date of Burial, 6th May

Undertaker, H Sheffield

Place of Business, 261 E Monument

C C Stein *M. D.*
Medical Attendant.

Address, 1105 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 39483

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39483

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane, Etta.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 27 *Years,* 3 *Months,* *Days.*

Color, Colored.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give street and number} 88 Chauncey St.

Cause of Death, First, (Primary,) Abscess

Second, (Immediate,) Dropsy & Insanity

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 6th 1880

Undertaker, Theodore J. Locke

Place of Business, 73 Jefferson

Edward F. Anderson M. D.
Medical Attendant.

Address, 153 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to return within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. K. BOYLE & CO., CITY PRINTERS AND STATIONERS. [0748.]

No. 39484

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39484

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday May 5th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Kusbaum,

~~Sex~~, *Male or* ~~*Female*~~ {cross out the word not required in this line.}

Age, Four *Years,* Four *Months,* *Days.*

Color, White

Married, Single, ~~*Widow*~~ *or Widower,* {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No. 69 South Broadway

Cause of Death { First, (Primary,) Cold
, { Second, (Immediate,) Cynanche Trachealis (Croup)

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew Cemetery

Date of Burial, May 7th 1880

Undertaker, Mrs Elow

Place of Business, 101 Gough St *Address,* 207 South Broadway

Nicholas L. Dashiell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 39485

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L Barnes

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ____ *Years,* Less *Months,* ____ *Days.*

Color, Colored Louisa Johnson 60 cents

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ____ Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 84 Millinan St

Cause of Death, First, (Primary.) Catarrhal Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, May 6 1880

J. J. Clayton M. D.
Medical Attendant.

Undertaker, Charles A White

Place of Business, No 35 grundy *Address,* 222 N Bowry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[CV 48]

No. 39486

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 6 1880 BALTIMORE

Date of Death, May 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewy Conrey

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, About Eight Years.

Place of Death, {Give street and number} South West Cor Bank & Leigh sts

Cause of Death { First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of last Sickness, About 1/2 hour

All the above information should be furnished by the Physician.

Place of Burial, Samuel Oppenheim

Date of Burial, May

Undertaker, Hercules Ross

Place of Business, 25 Dorman St

Jos. Beer M. D.
Medical Attendant.
Coroner's Assistant

Address, 161 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

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...is Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Adenuis

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, about 35 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Worcester City Md Eight Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 174 Gorsuch

Cause of Death First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Shark St Cemetery

Date of Burial, May 7

Undertaker, Hercules Ross

Place of Business, 1 Monument St

Richard Hall M. D.
Medical Attendant.

Southern Dispensary

Address, 77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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s is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Zawzow

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 24 *Years,* 3. *Months,* 4. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Barber

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Stettin Prussia

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and number} 266. Eastern Ave

Cause of Death, First, (Primary,) ....

Second, (Immediate,) Acute Pulmonary Tuberculosis

Duration of last Sickness, Eight months.

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem.

Date of Burial, May 6

A. V. Gosweiler M. D.
Medical Attendant.

Undertaker, Henry Lander

Place of Business, 952 Eastern Ave

Address, 254 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ny thereto to the Remarks Below, and to List of Diseases on Back...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Jane Meyers

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kinston (N. Carolina)

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number} 150 S. Broadway

Cause of Death First, (Primary,)

Second, (Immediate,) Uterine Hemorrhage

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, May 7th

Undertaker, Henry Snader

Place of Business, 252 Canton Ave

Nicholas L. Dattrill M. D.
Medical Attendant.

Address, 207 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ... the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice ... within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate ... as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the ... ed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...NY & CO. CITY PRINTERS AND STATIONERS.

...ference to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39490

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1880 11 P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Barbara Imbert

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 3 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 359 E. Fayette St.

Cause of Death, First, (Primary.) Scarlatina Maligna

Second, (Immediate,)

Duration of last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cemetery

Date of Burial, May 6th

Undertaker, Fellows Koefler

Place of Business, 244 E Lombard

James E. Donnelle M. D.
Medical Attendant.

Address, 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

No 9491

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gerhard H. Eshenbrook

Sex, Male ~~or Female~~, { Cross out the words not required in this line. }

Age, 45 *Years,* *Months,* *Days*

Color, White.

Married, ~~Single, Widow or Widower~~; { Cross out the words not required in this line. }

Occupation, Shoemaker.

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Germany.

Duration of Residence in the City of Baltimore, 31 Years.

Place of Death, { Give street and number. } 33 Myrtle Ave.

Cause of Death, First (Primary,) Typhoid Fever.

Second (Immediate,) " "

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, May 7 1880

Undertaker, Nathan Corrigan

Place of Business, 227 Mulberry St

John T. R. Thorn M.D.
" " "
Medical Attendant.

Address, City.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 39499

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H Wallace

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 30 *Years,* ____ *Months,* ____ *Days.*

Color, W

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 191 S Paca

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) don't Know

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 8th May 1880

E Hilkar M. D.
Medical Attendant.

Undertaker, H W Jenkins Son

Place of Business, 16 Light St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 39493

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39493

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Ahles

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* (2½) 2½ *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} # 6 N. Dresham St

Cause of Death, First (Primary,) Inanition

Second (Immediate,) ———

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem. Leo Benjamin M. D.

Date of Burial, May 6th '80 Medical Attendant.

Undertaker, H. C. Tranor *Address* N. E. Cor Broadway & Pratt

Place of Business, 251 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 39494

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5: 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Anne E Mack / Female

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City - Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 215 - Vine St,

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May - 7 - 1880

Undertaker, Samuel Wehaw

Place of Business, 198 E Lovard st

F. Shelton Hill M. D.
Medical Attendant.

Address, 432 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to make out, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

GUILBERT & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

No. 39495

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Goodwin

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 10 *Years,* 6 *Months,* ..... *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No. 21 Wasche St.

Cause of Death { First, (Primary,) Otorrhoea
Second, (Immediate,) Cerebral Meningitis

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 6 - 1880

Undertaker, Samuel W Chase

Place of Business, 98 E Howard St

Eugene Kerdell M. D.
Medical Attendant.

Address, 125 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 39496

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos E. Butler

Sex, Male or Female, {cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ellicotts Mills

Duration of Residence in the City of Baltimore, 40 years —

Place of Death, {Give street and number} 17 N. Fremont

Cause of Death First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 7th 188

Undertaker, C. P. Krause

Place of Business,

Chas. T. Michleans M. D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DOLANY & CO. CITY PRINTERS AND STATIONERS.

No. 39497

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 39497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Cauer

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 42 *Years,* 6 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto City

Duration of Residence in the City of Baltimore, 42. 6. 4.

Place of Death, {Give street and number.} 23 Warren av.

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 7th 1880

Undertaker, Timrum & Conn

Place of Business, 263 Light St

R. C. Lee M.D.
Medical Attendant.

Address, Hanover & Barre Sts.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 39498

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Andrews

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 11 yrs

Place of Death, {Give street and number} 188 William st

Cause of Death { First, (Primary,) Chronic Diarrhoea
Second, (Immediate,) Asthenia

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, May 7th 1880

Undertaker, Smith & Dennis

Place of Business, 263 Eutaw st

R. A. P. Ellis M. D.
Medical Attendant.

Address, 315 Lytton

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible] on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39499

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Meber

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower;*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 yrs.

Place of Death, {Give street and number.} 97 Thames st

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, May 7th "

Undertaker, W. Diffel

Place of Business, S. Bond st. 151

R. W. Manfuid **M.D.**,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 3950

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39340

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta Fordman

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 69 *Years,* 2 *Months,* 10 *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 329 North Eden Street

Cause of Death First, (Primary,) Cold

Second, (Immediate,) Pneumonia

Duration of last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 8th 1880

Undertaker, John S. Weaver & Co

Place of Business, # 22 W. Fayette St

Milton A. Taylor M. D.
Medical Attendant.

Address, Broadway & McElderry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. BRUNE & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Curran

Male or Female, {cross out the word not required in this line.} Female

75 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 51 years

Place of Death, {Give street and number} 785 Caltan Avenue

Cause of Death, First, (Primary.) Senile decay

Second, (Immediate,)

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 7, 1880

Undertaker, H. A. Daiger

Place of Business, 74 S. Broadway

Chas. F. Chaney M.D.
Medical Attendant.

Address, 785 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39502

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia R. Peterson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 7 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} 18 N Eden 606 North

Cause of Death, First, (Primary.) Inflamation Meningitis

Second, (Immediate,)

Duration of last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, May 8th 1880

J. H. Rose M. D.
Medical Attendant.

Undertaker, Adam Weidenmeyer

Place of Business, 518 W. Baltimore *Address,* 28 Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29503

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday, May 6th. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Lamms

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 5 *Years,* 3 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 178 E. Monument St

Cause of Death, First, (Primary,) Congestion of the Kidneys

Second, (Immediate,)

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 7th, 1880

Wilmer Brinton M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Address, 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39504

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma & Charles Vollmer } Parents

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 127 E. Stirling St

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 7th 1880

Undertaker, H. Frechlich

Place of Business, Eastern Ave

J. Ann Allen M. D.

Address, County of Health Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by- D. P. Smith

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39505

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 1880 BALTIMORE

Date of Death, 6th. May 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Justine Kaupp

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 32 *Years,* 11 *Months,* 6 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Paperhanging

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Biedenkopf, Prussia, Germany 4 12 years!

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} S. Charles Street Nro 324.

Cause of Death, First, (Primary.) Tuberculosis Pulmonum

Second, (Immediate,) Enteropthisis

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 8

Undertaker, Henry Boyle

Place of Business, Hanover St 81

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe St 112

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39506

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Carroll

Sex, Male or Female, {cross out the word not required in this line.} ~~Female~~

Age, ~~Years,~~ ~~Months,~~ 2 hours ~~Days~~

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 11 Clement St.

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, May 7th 1880

Thos. A. Glenn M. D.

Undertaker, M. A. Daiger

Place of Business, S. Broadway

Address, Corner of Lee & Regester

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...L, J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Exam by Dr. P. Smith

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Blum

Sex, Male or Female, {cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bayonne Germanie

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Cor. of Pine and Valley Sts

Cause of Death First, (Primary,) Congestion of brain

Second, (Immediate,)

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, May 7th 1880

Undertaker, Henry Shelbeis

Place of Business,

Jno. Boyle M. D.
Medical Attendant.

Address, 166 E Lager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39508

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Johnston

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* ... *Months,* ... *Days.*

Color, Colored *Sex,* ...

~~Married~~, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 427 Saratoga st

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) ...

Duration of Last Sickness, three days —

All the above information should be furnished by the Physician.

Place of Burial, Levan Cemetery

Date of Burial, May 7 1886

Undertaker, William N Lange

Place of Business, No 62 East Pratt

J Harvey Hill M. D.
Medical Attendant.

Address 119 Edmondson Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia A. Murray

Sex, Male or Female, {cross out the word not required in this line.}

Age, 50 *Years,* — *Months,* — *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} widow.

Occupation, Domestic servant.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} State of Maryland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} 76 N. Ballas St.

Cause of Death First, (Primary,) Heart disease

Second, (Immediate,) Dropsy

Duration of last Sickness, Unknown Two months in bed

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, May 7th 1880

Undertaker, Wm. P. Burgel

Place of Business, No. 62 East 21st

Jno. S. Lynch M. D.
Medical Attendant,

Address, 17 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39510

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Grover

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, About 70 *Years,* ..... *Months,* ..... *Days.*

Color, Black *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co: Md

Duration of Residence in the City of Baltimore, About 40 yrs

Place of Death, {Give street and number.} 1030 Park Avenue

Cause of Death, First (Primary,) Organic Disease of Heart

Second (Immediate,) Emaciation

Duration of Last Sickness, 2½ months

All the above information should be furnished by the Physician.

Place of Burial, Levenil Cemetery

Date of Burial, May 8 1880

Undertaker, William N Bunge

Place of Business, No 62 East St *Address* 146 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rickmore

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, [illegible] *Years,* 6 *Months,* [illegible] *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harris alley No 30

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Harris alley No 30

Cause of Death, First, (Primary.) [illegible]

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon county

Date of Burial, May 7 1880

Undertaker, J Flanagan

Place of Business, 341 Ken Ave

Baltimore M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie wife Wm Reforth

Sex, Male or Female, {cross out the word not required in this line.} F (Parents 26 hours.

Age, ____ *Years,* ____ *Months,* ____ *Days*

Color ____

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 338 E. Madison St

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 338 E. Madison St

Cause of Death, First, (Primary.) Five months Child

Second, (Immediate.) ____

Duration of last Sickness ____

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 7th 1880

Undertaker, Wm Reforth

Place of Business, 338 E. Madeira St

J. M. White, M. D.
Medical Attendant.

Address, 141 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...J. C. BUTLER & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39513

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eugene Murphy

Sex, Male or Female, { cross out the word not required in this line. }

Age, 30 ~~28~~ *Years,* 3 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Employee of Balt & Ohio R. R.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Uniontown Md

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give street and number } Near Arlington & Fork St.

Cause of Death { First, (Primary,) By Verdict, That death was caused / Second, (Immediate,) from Suffocation of the Throat, by ... / The Cause of Said Fall being Unknown to the Jury }

Duration of last Sickness, Fall.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 8 1880

Undertaker, Whitepy Dice

Place of Business, 183 Columbia Ave

Medical Attendant. M. D.

Coroner's District

Address, 181 Church St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1880,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine McGurk

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, Sixty *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number} # 10 N. Oregon St

Cause of Death First, (Primary.) Malarial Fever & Bronchitis

Second, (Immediate,) —

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, May 7th 1880.

Undertaker, Jos. B. Cook

Place of Business 707 W. Balto St

D. J. Sullivan M. D.
Medical Attendant.

Address, 584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th May 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma P. Bates

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 272 Druid Hill Ave

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Snowhill Worcester Co Md

Date of Burial, May 7th 1880

Undertaker, Denny & Mitchell

Place of Business, 550 W. Fayette St *Address* 274 Madison Ave

F. W. Stings M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 7758

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39516

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hart

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 72 *Years,* 4 *Months,* ~~[illegible]~~ *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 301 Hanover Street

Cause of Death, First, (Primary.) Natural

Second, (Immediate.) Retention of Urine from paralysis of Bladder Enlarged prostate & senile asthenia 6 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet.

Date of Burial, May 7 1880

Z. K. Wiley M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, #263 Light St. *Address,* 138 Hanover St
City Baltimore City.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39517

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Gale

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* *Months,* *Days.*

Color, Negro *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, White Washer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Princess Anne Md

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 66 Iceland St.

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, About 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, May 7th 1880

J. R. Uhler M. D.
Medical Attendant.

Undertaker, John H Owens

Place of Business, 225 S Eutaw St *Address* 234 W Lafayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 7 1889 BALTIMORE

Date of Death, May 5-th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Anthony

Sex, Male or Female, {cross out the word not required in this line.}

Age, 65 *Years,* ..... *Months,* ..... *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number} St Mary's St Court

Cause of Death, First, (Primary,) Chronic Bronchitis

Second, (Immediate,) Pulmonary Emphysema

Duration of last Sickness, Two (2) Days

All the above information should be furnished by the Physician.

Place of Burial, Christ R C Cemetery

Date of Burial, May 7th 1889

Undertaker, Wm. Gray

Place of Business, 65 Mulberry St

H H Antrim M. D.
Medical Attendant.

Address, 192 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Oats

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Forty *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Fourteen Years

Place of Death, {Give street and number} 370 Oxford St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Cozamation

Duration of last Sickness, Ten Months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, May 7th 1880

Undertaker, Phillips Rochler

Place of Business, Gay & Cross Sts *Address,* 15-28 Gay St

P. J. N. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below.

Board of Health, City of Baltimore,

Permit No. 39520

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 7 1880 BALTIMORE

Date of Death, May 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Walls

Sex, Male or Female, {cross out the word not required in this line.} F

Age, 48 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} 81 Streeper St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, about 12 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 9th

Undertaker, Chas Lauber

Place of Business, 252 Canton Av

E Jones Williams M. D.
Medical Attendant.

Address, 17 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39521

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia C. Layton

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, Eighty nine *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot County Maryland

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and number} 22 East Monument St

Cause of Death First, (Primary,) ~~Hysterics~~ Old age

Second, (Immediate,) Paralysis

Duration of last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 8 '80

Undertaker, Fry & Bro

Place of Business, 34 N Broadway

Milton A. Taylor M. D.
Medical Attendant.

Address, Broadway & McElderry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 89524

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6-14-1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Gray -

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* Six *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ———

Birthplace, {State or country, and how long in the United States if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 21 Jefferson St. east.

Cause of Death, First, (Primary.) Bronchitis

Second, (Immediate.) Cerebral effusion -

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, May 9

Undertaker, Charles A Wile

Place of Business, 35 E. Monument

G. F. Taylor M. D.
Medical Attendant.

Address, 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39523

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday May 6th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda V. Hill

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 13 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 73 Little McElderry St.

Cause of Death, First, (Primary,) Tuberculor Meningitis

Second, (Immediate,) with Catarrhal Pneumonia

Duration of last Sickness, 15 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Green Balto

Date of Burial, May 8

Undertaker, Charles E. White

Place of Business, 85 Granby st

Wilmer Brinton M. D.
Medical Attendant.

Address, 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alonis Denng

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, Fifty Eight *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Working man

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number} 56 Shot St

Cause of Death First, (Primary,) Hereditary

Second, (Immediate,) Consumption Phthisis

Duration of last Sickness, About three months

All the above information should be furnished by the Physician.

Place of Burial, Ft. Col Rounds Ct

Date of Burial, May 8th 1880

Undertaker, Henry Heck

Place of Business, 307 N. Central

Milton A Taylor M. D.
Medical Attendant.

Address, Broadway & Mc, Eldery St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Freley Banks

Sex, Male or ~~Female~~, {Cross out the words not required in this line.} Male

Age, Two *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 133½ Forest St

Cause of Death, {First (Primary,) Phthisis / Second (Immediate,) Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 7

Saml J Beck *M. D.*
Medical Attendant.

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga St

Address, # 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ambrosia Mihm

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} 295 S. Paca st

Cause of Death, First, (Primary,)

Second, (Immediate,) Cancer of the Liver

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery

Date of Burial, May 8th

Undertaker, Andrew Kuhlo

Place of Business, 244 E Lombard

J. J. Keller M. D.
Medical Attendant.

Address, 89 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Cassidy

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 30 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Sailor

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } New York.

Duration of Residence in the City of Baltimore, 4 months.

Place of Death, { Give street and number } University Hospital.

Cause of Death { First, (Primary,) Tuberculosis Pulmonum. / Second, (Immediate,) Asthenia

Duration of last Sickness, 1 months.

All the above information should be furnished by the Physician.

Place of Burial, Wes. Pub. Cemetery

Date of Burial, May 6/80

Undertaker, P. A. Kershner

Place of Business, 50 Carrollton Ave. *Address,* University Hospital

A. C. Nagy. M. D.
Medical Attendant.
Asst. Resident Physician
University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Roberson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 35 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Un Known

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England 3 months

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} University Dispensary

Cause of Death {First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wes. Pub. Cemetery

Date of Burial, May 6/80

Undertaker, F. Eschner

Place of Business, 50 Hamilton Ave. *Address,* University Hospital

H. M. Ess M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Brown

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 14 *Years,* 4 *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Servant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and number } 221 N. Durham St.

Cause of Death, First, (Primary,) Calarrhal Phthisis

Second, (Immediate,) Exhaustion

Duration of last Sickness, about 1 year

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 7th 1880

Geo. H. Taylor M. D.
Medical Attendant.

Undertaker, N. H. Curran

Place of Business, 53 S. Broadway

Address, 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39530

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 8 1888 BALTIMORE

Date of Death, May 6th 1888, 6. A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Egan

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} 1 Baldwin St

Cause of Death { First, (Primary,) ... Second, (Immediate,) Lethargus

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Petrucks

Date of Burial,

Undertaker, Henry Wilkens

Place of Business, 45 E. St. Gay St

A Thertzer MD M. D.
Medical Attendant.

Address, 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35531

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 8 1880 BALTIMORE

Date of Death, May 5 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Doylestown

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 37 *Years,* 6 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 14 Johnson st

Cause of Death, First, (Primary,) ——

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, 9 mo

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 8 1880

Undertaker, C. H. Thomas

Place of Business, Thomas

Chas. E. Smith M. D.
Medical Attendant.

Address, ——

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT MAY 8 1880 BALTIMORE

Date of Death, May 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Kinnard

Sex, ~~Male or Female,~~ {cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 429 ½ Lexington St

Cause of Death First, (Primary,) Centro Spinal Meningitis.

Second, (Immediate,) Asthenia

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, May 8th 1880

F. L. Chatard Jr. M. D.
Medical Attendant.

Undertaker, Jos B Cook

Place of Business No 707 W Baltimore Street

Address, 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 8th 1. P.M. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Koch.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Six *Years,* 5 *Months,* 23 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, ~~his motherwood~~ he

Place of Death, {Give street and number.} # 110 Schroeder St. Balt

Cause of Death, {First (Primary,) Typhus Cerebral

Second (Immediate,)

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cem'y

Date of Burial, May 9th

Undertaker, Peter Kinnman

Place of Business, 317 Mulberry St

Philip Winter Sr M.D.
Medical Attendant.

Address 323 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3953 d

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 8 1880 REGISTERED

Date of Death, May 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. & W. D. Banks {Parents

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ~~None~~ *Years,* ~~None~~ *Months,* One *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 272 W. McDonough St.

Cause of Death, First, (Primary,) ~~None~~

Second, (Immediate,) Inanition

Duration of last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergr

Date of Burial, May 8th 1880

James A. Steuart M. D.
~~Medical Attendant~~

Undertaker, C. A. White

Place of Business, Gravely St

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jos P. Smith

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89535

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 8 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1890

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter Shannon Chalmers

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, _____ *Years,* 4 *Months,* _____ *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 411 E. Biddle St

Cause of Death, { First, (Primary.) Scrofula

{ Second, (Immediate.)

Duration of last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 8

Undertaker, J. J. Chalmers

Place of Business, 324 Penna Ave

W. E. Russell M. D.
Medical Attendant.

Address, Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 8 1890 BALTIMORE

Date of Death, May 7 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara A Rogers

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 91 *Years,* 8 *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 51 McCulloh St

Cause of Death, {First, (Primary,) Old Age

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 9

Undertaker, C W Blizzard

Place of Business, 201 Penna

S V Wittenberger M. D.
Medical Attendant.

Address, 212 W Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3953

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7th. May 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Dietz

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 Years, 1 Months, 18 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime.

Place of Death, {Give street and number} 2. Register St. 113.

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Morning Fever and

2 Days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, May 9th '90

William Howe M. D.
Medical Attendant.

Undertaker, Mr. Frame

Place of Business, 280 Canton Ave

Address, 2. Register St. 113

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Regulations Below, [illegible]

Board of Health, City of Baltimore,

Permit No. 39538

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wise Forman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 75 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Matron

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Mary's County, Maryland

Duration of Residence in the City of Baltimore, about 1/2 Years

Place of Death, {Give street and number} 68 ~~Fll~~ Lancaster Street

Cause of Death First, (Primary,) Senile Decay,

Second, (Immediate,) Coma

Duration of last Sickness, about one Year

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, May 8th 80

Undertaker, M. France

Place of Business 280 Canton Ave *Address,* 38 N Front St

Nathl. L. Forman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Henrietta Fischer

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, One *Years,* Six *Months,* Seven *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 184 Hamburg St

Cause of Death First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Convulsions

Duration of last Sickness, Five or six weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 9th

Undertaker, Henry Miele

Place of Business, Henrietta St 81

Elias C Price M. D.
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward H. Foreman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 6 3 *Years,* 7 *Months,* 9 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk & Marshal of Police

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Wilmington Delaware

Duration of Residence in the City of Baltimore, 5 3 Years

Place of Death, {Give street and number} 9 Holland St

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) 10 hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 9, 1880

Undertaker, M. P. Dwyer

Place of Business, 714 S. Broadway

Geo. R. Reynolds M. D.
Medical Attendant.

Address, 139 W. Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Smith

Sex, Male or ~~Female~~, {cross out the word not required in this line,}

Age, — *Years,* 10 *Months,* ... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No. 40 Cohen alley

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) Cerebral Anaemia - Convulsions

Duration of last Sickness, 1/2

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, May 8/80

Undertaker, F. A. Kirchner

Place of Business, 50 Hanover

Robt. N. Miller M. D.
Medical Attendant.

Address, 14 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89542

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph S Cranwell

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* 6 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 106 Bryans Wharf

Cause of Death, First, (Primary,) Scarlet Feber

Second, (Immediate,) Prostration

Duration of last Sickness, 17 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, May 9th 1880

J Ridgway Andre M. D.
Medical Attendant.

Undertaker, J & C Byrne

Place of Business, 63 Frank *Address,* 121 E Bute

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 39543.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Mitchell

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Five *Years,* eight *Months,* Seventeen *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 304 N Eutaw St

Cause of Death { First, (Primary.) Typhoid Scalatina

Second, (Immediate,) " "

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Lutherville P. A.

Date of Burial, May 10th 1880

Elias C. Price M. D.
Medical Attendant.

Undertaker, Chas. T. Scrivener

Place of Business, 271 N Eutaw *Address,* 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Transcript 1759

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 39574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th of May 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ignatius Franz

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, ~~11~~ *Years,* 11 *Months,* *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. W. Cor Paca & Saratoga St.

Cause of Death, First (Primary,)

Second (Immediate,) Brain trouble

Duration of Last Sickness, Saw the child only once four hours before death

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery.

Date of Burial, May 9th.

Undertaker, B. Hanle.

Place of Business, No. 411 Light St.

D. W. Holmes M. D.

Medical Attendant.

Address 120 Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39515

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martina Collins

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ____ *Years,* ____ 7 *Months,* ____ *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 12 Jones Court

Cause of Death, First, (Primary.) ____ Second, (Immediate,) Pneumonia

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, May 9th 1880

J. J. Glass Jr. M. D.
Medical Attendant.

Undertaker, John W Locke

Place of Business, Wolf St

Address, 137 Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8 - 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Pratt

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Md Buck

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 2 Elder alley

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, May 9 1880

Undertaker, John C. Jenkins

Place of Business, 1163 Park Ave

[illegible] M. D.
Medical Attendant.

Address, 23 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.}

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 39527

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Maria Mayer

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Two (2) Months, Six (6) Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Jacoby

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 94 E Biddle St

Cause of Death, First, (Primary.) Lues Congenita

Second, (Immediate.)

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ct.

Date of Burial, May 9th 1880

Undertaker, Henry Hoeck

Place of Business, 309 Central Ave

Dr. Blum M.D.,
Medical Attendant.

Address, 94 E Biddle St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Dubloff

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 2 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 82 S Payson st

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, 9 of May

James V Bonley M. D.
Medical Attendant.

Undertaker, John F. Pauline

Place of Business, 66 Frederick Ave *Address,* 319 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Caroline, Gaythen

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, white,

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} France, 2 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 409 E. Madison St.

Cause of Death, First, (Primary,) Cardiac Disease

Second, (Immediate,) Pneumonia

Duration of last Sickness, One month,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 10th 1880

Undertaker, Henry Sander.

Place of Business, 252 Canton Ave.

G. G. Kuck M. D.
Medical Attendant.

Address, Balt. & Pratt. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39,550

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia Johnson

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Thirty one Years

Place of Death, { Give street and number } 117 Jefferson St

Cause of Death, { First, (Primary,) ... Second, (Immediate,) Internal Cancer ~~Stomach~~

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, May 10th

J. Glose M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 232 Eastern Av. *Address,* 13 Orleans St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 39557

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Ehrman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Two (2) Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} S. W. Cor. Fountain and Castle

Cause of Death, First, (Primary.) Bronchitis - Cyanosis

Second, (Immediate.) Consolidation

Duration of Last Sickness, Bronchitis; Three Days; Patency of Foramen Ovale

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, May 10th 1880

Undertaker, Henry Sander

Place of Business, 252 Canton Ave

G. L. Wilkins M.D.,
Medical Attendant.

Address, 77 S. Grove Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Teresa Sandoal

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 30 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number} 244 N. Central Ave.

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Pulmonary & laryngeal phthisis

Duration of last Sickness, About seven months

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, May 11 1880

W C Van Bibber M. D.
Medical Attendant.

Undertaker, E Cox

Place of Business, 84 & 86 Bank St *Address,* 47 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

Permit No. 39553

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James J. & Shea

~~*Sex,*~~ *Male* ~~*or Female,*~~ {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 16 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Europe Dec 76 - Ireland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 76 E Eager av

Cause of Death, First, (Primary,) Sick Mouth Chills

Second, (Immediate,) Pneumonia Chills

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, May 9th 1890

Undertaker, Jno. H. Hickman

Place of Business, 234 N. Gay St.

Chas C Donovan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 39532

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 9 1890 BALTIMORE

Date of Death, May 8 1890,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. H. Guttmann,

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 37 *Years,* 4 *Months,* 18 *Days.*

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, School Teacher,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany, 6 Yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 5-5 Hillsmah St

Cause of Death, First, (Primary,) Phthisis Pulmonalis,

Second, (Immediate,) Exhaustion

Duration of last Sickness, Three Years.

All the above information should be furnished by the Physician.

Place of Burial, York Pa,

Date of Burial, May 10th

J M Chambers M.D.
Medical Attendant.

Undertaker, F. A. Groll

Place of Business, 131 Hanover St *Address,* 422 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1760

[OVER.]

Board of Health, City of

Permit No. 29555

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi*
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Young

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, One *Years,* — *Months,* 9 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} ✱ 27 Dugan St

Cause of Death, First (Primary,) Congestion of Brain

Second (Immediate,) Convulsion

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetary

Date of Burial, May 9. 1880

Undertaker, Charles A. White

Place of Business, 35 Granby-st

Saml J Bell M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 39556

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 9 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 7/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Punzer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore, 5

Place of Death, {Give street and number.} 38 E. Eastk St.

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate.)

Duration of Last Sickness, 5 days

V

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, May 9th

Undertaker, H. Tippel

Place of Business, S. Bond st. 151

R. W. Manfield M.D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

special Attention of Physicians is respectfully

Board of Health, City of Baltimore,

Permit No. 39537

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Welsh

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 6 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 1 N. 16 Harrison Place

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlatina Fever

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, May 9th

Undertaker, H. Fitzpatrick

Place of Business, S. Bond st. 151

D. Scott M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

special Attention of Physicians to ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Green

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 22 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 345 Pine St

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate,)

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 9 1880

James Bailey *M. D.*
Medical Attendant.

Undertaker, W. H. Wm N Dennen

Place of Business, No 62 East St

Address, 311 Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 39559

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Kelly

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Sixty (60) *Years,* One (1) *Months,* (9) *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No 292 Broadway

Cause of Death First, (Primary.) Natural Causes

Second, (Immediate,) Typhoid Fever

Duration of last Sickness, 18 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 11

Undertaker, Joseph B Cook

Place of Business, 707 W Baltimore *Address,* 68 Broadway

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is respectfully ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39560

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Coates

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 17 Durham alley

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, May 10

Undertaker, Joseph B Cook

Place of Business, 707 West Baltimore

John Neff M. D.
Medical Attendant.

Address, 577 W Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 39561

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Joseph Patterson

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ Years, 1 Months, 9 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 7 Bella Alley

Cause of Death, First, (Primary,) Weakness

Second, (Immediate,) Inanition

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 10th May 1880

Undertaker, A. Wayman

Place of Business, 13 Saratoga St

Thos. J. Sleeman M. D.

Address, Commissioners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Brown [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89562

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9, 188

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Morris Yselle

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} 3rd McDonogh Lt.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 3rd McDonogh Lt

Cause of Death, First, (Primary,) Stated by Dr. Whitridge

Second, (Immediate,)

Duration of last Sickness, In a state of collapse when seen by me.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 10th

J. J. White M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, 45 Land Lexington

Address, 341 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 39563

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Belle Neale

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, Sixteen *Years,* One *Months,* Six *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} E, Madison No. 275

Cause of Death, First (Primary,) Congestion Lungs

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, About Twelve Months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, May 11th

Undertaker, Eo Schilling

Place of Business, Ashland Square

Thos H Lewis M. D.
Medical Attendant.

Address 1294 N. Gilmor St
& 994 N Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 39564

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT MAY 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Knecking

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 58 *Years,* ~~Months,~~ ~~Days.~~

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Saddler

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 130 N. Chapel

Cause of Death, First, (Primary.) Typhoid

Second, (Immediate.) Exhaustion

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, May 11

Undertaker, H. Lyttle

Place of Business, S. Bond & 161

Address, 295 S. Eutaw

J. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 39565

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ulrich

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} XXX

Occupation, XXX

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 164 S. Chapel

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,) Collapse

Duration of last Sickness, Two days Saw child after death

All the above information should be furnished by the Physician.

Place of Burial, W. Laurens

Date of Burial, May 11

Undertaker, Mr Tuke

Place of Business, 35 Bank St

James E Donville M. D.
Medical Attendant.

Address, 276 Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of

OFFICE OF REGISTRAR OF VITAL S

Permit No. 39566

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosa A. Shorter

Sex, Male or Female, { cross out the word not required in this line. }

Age, 7 *Years,* 8 *Months,* 11 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Co

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } 20 N. E Henrys Ln

Cause of Death { First, (Primary,) Brights Disease

Second, (Immediate,) Anemia

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Mont Olivet Cemetery

Date of Burial, May 12

Undertaker, J H Coates

Place of Business, 707 West Baltimore

W. Wh. Colburn M. D.
Medical Attendant.

Address, 335 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 39567

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parker T. McDonald

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, Four *Years,* Four *Months,* Nine *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No. 286 Bank st.

Cause of Death, First, (Primary,) Croup

Second, (Immediate,)

Duration of last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 12th 1880

Wm H. Medinent M. D.
Medical Attendant.

Undertaker, Demmy & Mitchell

Place of Business, 65 Broadway *Address,* No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

Permit No. 39568 — OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adeline Rhea.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 18 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 71 Division St.

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 71 Division St.

Cause of Death First, (Primary,) Peritonitis

Second, (Immediate,) Sudden - Shock.

Duration of ~~last Sickness~~, attendance 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem

Date of Burial, May 11 st 1880

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

Marbury Brown M. D.
Medical Attendant.

Address, 68 Mc Culloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No 39569

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Adolph Droescher

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 44 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Merchant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Humburg. Germany

Duration of Residence in the City of Baltimore, 17 years

Place of Death, { Give street and number. } 204 Lexington st

Cause of Death, { First (Primary,) Heart Disease
Second (Immediate,) }

Duration of Last Sickness, 10 or 15 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Loudin Park Cem

Date of Burial, May 10th 1880

Undertaker, Andrews & Hodges

Place of Business, No 46 Druid Hill Avenue

Alex Tinsley M. D.
~~Medical Attendant~~

Address Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 39570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ...ut, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... ...ooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Abbett Baldwin

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} Union Protestant Infirmary

Cause of Death First, (Primary,) Consumption

Second, (Immediate,) Hemorrhage from the lungs

Duration of last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 10. 80

Undertaker, J. E. Haugh

Place of Business, 319½ Penn Ave Balto. Md.

Chas Fawcett M. D.
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...ing forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per...on deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

Permit No. 39571

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi* *d*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *oner*, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May, 10. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ogle Kuhn

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 8 *Years,* 5 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 462 Aisquith st.

Cause of Death First, (Primary,) Pleuro-Pneumonia

Second, (Immediate,) Asphyxia

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 11/80 G. G. Lusk *M. D.*

Medical Attendant.

Undertaker, Fry & Bro

Place of Business, 574 W Broadway *Address,* Balt. & Back. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL S

Permit No. 39572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 10 1880 BALTIMORE

Date of Death, May 9. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Cornish

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cambridge Md

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 36 Cohen al

Cause of Death, {First (Primary,) Heart disease

Second (Immediate,)

Duration of Last Sickness, Several months Complaining

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Alex Tinsley M. D.

Date of Burial, May 10 1880

Undertaker, Geo W Perkins *Address* Corner

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No: 39573

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8th May 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Margaret Byrne.

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 28 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Mantuamaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bedford Co Pa

Duration of Residence in the City of Baltimore, V

Place of Death, {Give street and number} 158 Saratoga St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,) Tubercular Consumption of Lungs

Duration of last Sickness, 4 Months.

All the above information should be furnished by the Physician.

Place of Burial, Bedford Co Pa

Date of Burial, 12 May 1880

Undertaker, Wm. G. Weaver

Place of Business, No 202 N. Eutaw St

N. H. Littell, M. D.
Medical Attendant.

Address, 125 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DELANY & CO., CITY PRINTERS AND STATIONERS.

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Permit No. 29574

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, acc
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 76 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Eastern Shore Md

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give street and number.} No 60 S. Bethel st.

Cause of Death, First (Primary,) Nervous Prostration

Second (Immediate,) Cystitis

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Ebenezer.

Date of Burial, May 9th 1880

Undertaker, Theodore Locke

Place of Business, 73 Jefferson

John T. Conner M. D.
Medical Attendant.

Address 14 Aisquith st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 39575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat*
ut, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas
ooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel E. Israel

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 19 Leach Alley, Gasbuilders

Cause of Death { First, (Primary,) Abscess Third Dentition
Second, (Immediate,)

Duration of last Sickness, About Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 11.

Undertaker, Hercules Ross

Place of Business, 95 Conway St *Address,* 161 E. Pratt St

Wm. H. Buck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of [illegible]

OFFICE OF REGISTRAR OF VITAL [illegible]

Permit No. 39576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, a[illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dec[illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10 th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Annie Jones

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 40 *Years,* 10 *Months,* 18 *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } New York City

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, { Give street and number } 149 N Gay St

Cause of Death { First, (Primary,) Phthisis Pulmonalis

{ Second, (Immediate,) " "

Duration of last Sickness, Two or three years

All the above information should be furnished by the Physician.

Place of Burial, Green Wood Cemetery N. York

Date of Burial, May 11 th 1880

Undertaker, Henry W. Mears

Place of Business, 46 N. Gay St *Address,* 262 Mead Ave

Elias C Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Board of Health, City of Baltimo

Permit No. 39577

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 10 1880 BALTIMORE

Date of Death, May 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank McNorton

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 25 *Years,* 3 *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Hackman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 170 Henrietta St

Cause of Death First, (Primary,) ———

Second, (Immediate,) Pulmonary consumption

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Catherales Cem

Date of Burial, May 11th 1880

Undertaker, Perkins Koehler

Place of Business, Harper Cross St *Address,* 76 Hacia st

J. H. Kinney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 39578

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lorenzo Lewis

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, One *Years,* Nine *Months,* *Days.*

Color, Colored

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 4 Amey Court

Cause of Death, First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, Eighteen hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 11

Undertaker, J B Cook

Place of Business, 707 W Pratt

Chas. H. Nelson M. D.
Medical Attendant.

Address, 306 N. Hazell's Ct.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DURANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 39579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accu-rate, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May, 10th 1880, 4 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Nathan

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 69 *Years,* 3 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Retired Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 yrs

Place of Death, {Give street and number} 119 E. Lombard St

Cause of Death {First, (Primary,) / Second, (Immediate,)} Phthisis Pulmonalis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Eden St Hebrew

Date of Burial, May 12th 1880

A. Siegheriz M. D.
Medical Attendant.

Undertaker, Wm Eiler

Place of Business, 101 Gough St *Address,* 11 S Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

Permit No. 39580

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ...*ete*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ...ooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Rapsbock

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 64 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cooper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and number} 381 E. Lombard st

Cause of Death { First, (Primary,) Pneumonia
, Second, (Immediate,) of the Bowels

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 11 1880

Undertaker, M. Krause

Place of Business,

Robt. Lemmon M. D.
Medical Attendant.

Address, 381 E. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set...ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per...on deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimo

Permit No. 39181

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accu... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea... sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 10 1880 BALTIMORE

Date of Death, May 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Hastry,

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Feed Stone

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number} No. 80 Hollen St

Cause of Death { First, (Primary,) Phthisis Pulmonalis
, { Second, (Immediate,)

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 11th 1880

Undertaker, Lee P Byrne

Place of Business, 63 Fr... *Address,* No. 5 Franklin St

John Morris *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set... ...ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per... ...on deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimo

Permit No. 39582

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu*
rate, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kilman

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow~~ or Widow {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 133 S Gun st

Cause of Death { First, (Primary,) Adenitis
, Second, (Immediate,) Exanition "

Duration of last Sickness, 6 Months

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, May 11th 1880

Undertaker, C W Krauss

Place of Business,

J H Lemmey *M. D.*
Medical Attendant.

Address, 762 Pac st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimo

Permit No. 39583

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, a... ...nt, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece... ...sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10 /80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah E. Ross

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 4 8 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 5 mo's

Place of Death, { Give street and number } 139 N Calhoun St

Cause of Death { First, (Primary,) Cancer Breast

Second, (Immediate,) Exhaustion —

Duration of last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, Dudley's Church Dear Anne's Co Md

Date of Burial, May 11 — 80 M Kegueler *M. D.*

Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 33 & W Fayette St *Address,* Mrs Fayette & Calhoun Sts

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL

Permit No. 39584

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George W. Allen

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 41 Fer. St. Antony ave Remit. followed by

Cause of Death, First, (Primary,) Fer. Gastria (relapse)

Second, (Immediate,) Total 27 Days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, May 11 1880

Undertaker, Jos. B. Bark

Place of Business No 707 W. Baltimore Street

A. H. Sartin M. D.
Medical Attendant.

Address, 543 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

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Board of Health, City of Baltimo

Permit No. 39585

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Balto May 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Schmidt

Sex, Male or Female, {cross out the word not required in this line.}

Age, 47 *Years,* 10 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer on Balto & Ohio R R

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ~~Ger~~ Ehlenthal, Hanover.

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} No 9 Lemon Court

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Hemoptysis

Duration of last Sickness, Five years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 11th 3 P.M.

P. S. Field M. D.
Medical Attendant.

Undertaker, John P. Paulus

Place of Business, 66 Frederick Ave

Address, No 10 N Caroy Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C[illegible]Y & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39586 *Office of Registrar of Vital Statistics*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, May 11, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Clancy

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 1125 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 154 Hughes St

Cause of Death, First, (Primary.)

Second, (Immediate.) Marasmus

Duration of Last Sickness, 25 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem.

Date of Burial, May 12th 1880

Undertaker, Annesley & Dent

Place of Business, —

Theodore Cook M.D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimo

Permit No. 39587

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Queen

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 68 Wayne St

Cause of Death { First, (Primary,) Tuberculous Meningitis
Second, (Immediate,)

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp-St. Cemetery

Date of Burial, May 11

{ *Undertaker,* Hercules Ross
{ *Place of Business,* 95 Conway St

A. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 29588

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rowland E Hamill

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 20 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 284 E Biddle st

Cause of Death { First, (Primary,) Pulmon: Consumption
Second, (Immediate,)

Duration of last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, May 11/80

Undertaker, Samuel F Mason

Place of Business, 352 Park Ave *Address,* 134 N Hugh st

J. F. Boyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9. 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celia Butler

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 18 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 44 Biddle St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate,)

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, May 11th 1880

Undertaker, Wm H Bishop Jr

Place of Business, 97 Druid Hill Ave.

D G Mellen M. D.
Medical Attendant.

Address, 89 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39590

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9, 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ina Earl Nichols

~~*Sex,* Male or Female,~~ {cross out the word not required in this line.}

Age, 11 Years, — Months, two Days.

Color, White

~~*Married,* Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 10 yr 2 days

Place of Death, {Give street and number} 277 E Balto

Cause of Death {First, (Primary,)} Inflammation Meninges

{Second, (Immediate,)} 3 hrs

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmt Cemetery

Date of Burial, May 11 d. 1880

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

W. H. Goodman M. D.
Medical Attendant.

Address, 324 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 4 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Sullivan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 2 *Months,* 4 — *Days.* (2 years 4 mos)

Color, White *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 384 East Pratt St.

Cause of Death, First (Primary,) Encephaloid tumor under Kidney - Left -

Second (Immediate,) Hemmorhage -

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus B. Ground

Date of Burial, May 12th 1880

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

Jno C. Benjamin M. D.
Medical Attendant.

Address N. E. Cor Broadway & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39594

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 11 1880 BALTIMORE

Date of Death, May 10 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas Conavan

Sex, Male or ~~Female~~, { cross out the word not required in this line. } Male

Age, 60 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, Stone cutter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland 5 Years

Duration of Residence in the City of Baltimore, 5 Yrs

Place of Death, { Give street and number } City Hospital

Cause of Death, { First, (Primary,) Chronic alcoholism

Second, (Immediate,) }

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, May 12 '7880

Undertaker, O. Fink

Place of Business, N. Gay St

J. H. Branham M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 39593

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1880 — Mc. Entyre

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Mc Kentire

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, ~~45~~ *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number} City Hospital

Cause of Death, First, (Primary,) Cancer Uterus

Second, (Immediate,) asthenia

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 12th 1880

F. B. Dudley M. D.
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...L. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39594

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Brampton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, washer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and number.} Forty seven Tyson Alley

Cause of Death, First (Primary,) Phthisis Pulmonis

Second (Immediate,) Two months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 11 1880

Undertaker, S W Chase

Place of Business,

C B Gamble M. D.
Medical Attendant.

Address 108 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willy Perry

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* Nine *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} No. 44 King St

Cause of Death, First, (Primary,) Hooping Cough

Second, (Immediate,) Convulsions

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 11 1880

Undertaker, S W Chase

Place of Business, No 198 Howard

L. A. Dyer M. D.
Medical Attendant.

Address, 146 Hill St

~~I. DAVIS, M.D.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathilda Barron

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 33 *Years,* —— *Months,* —— *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} 123 S. Sharp.

Cause of Death, First, (Primary.) Separation of Placenta before labor.

Second, (Immediate,) General Prostration.

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, May 11th 1880

Henry Salzer M. D.
Medical Attendant.

Undertaker, T. F. Hall

Place of Business, #131 Hanover St *Address,* 63 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29597

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs E. H Laylow

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 32 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 667 W Lombard St

Cause of Death { First, (Primary,) Exhaustion Supposed
Second, (Immediate,) Unknown

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Urbanna, Va.

Date of Burial, May 12 1880

Undertaker, Armstrong & Dorsey

Place of Business, # 263 Light St *Address,* 18 S. Eutaw St.

Dr. E. Clagett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39598

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cinderella Green

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 76 Harmony Lane

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Acute Catarrh in head

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 11th 1880 James A Steuart M. D.

Undertaker, Wm N Rayner

Place of Business, 13 Block Mt al *Address,* Commiss of Health + Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Geo E. Brown

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Phillips

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 24 *Years,* ..... *Months,* ..... *Days.*

Color,

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 29 Block

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 12 1880

Wm L Russell M. D.
Medical Attendant.

Undertaker, Robt F Bartlett

Place of Business, ——— *Address,* Broadway & Fairmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 39600

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 11 1888 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Louis Bennett

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 22 *Years,* 0 *Months,* 0 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Grocer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} Patapsco River about 40 yards west of Light St Bridge

Cause of Death First, (Primary,) Drowned by accidentally falling

Second, (Immediate,) off a Sail Boat.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 12th 1888

Undertaker, Leslie Koehler

Place of Business, Sharp & Cross Sts *Address,* 161 S. Sharp St

Dr. H. Beck M. D.
Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39601

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda ann Pratt

Sex, Male or Female, {cross out the word not required in this line.}

Age, 76 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland Howard Co

Duration of Residence in the City of Baltimore, 54 years

Place of Death, {Give street and number} 2 Eden alley

Cause of Death, First, (Primary.) Cancerous decay old age

Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, May 12. 1880

Undertaker, John C. Conway

Place of Business, 1263 Park Av

G. Winslow M. D.
Medical Attendant.

Address, 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Steinetz

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 11 *Days.*

Color, White

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia Pa.

Duration of Residence in the City of Baltimore, 10 or 12 Years

Place of Death, {Give street and number} On the Shore of the Middle Branch of Patapsco River North Side

Cause of Death First, (Primary,) Effusion of Cerebellum and

Second, (Immediate,) Shell.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 13th 1880

Undertaker, Armstrong & Son

Place of Business, 263 Light St

S. A. Bell *M. D.*
Medical Attendant.

Coroner

Address, 101 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2 And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DOLANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 39603

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Victoria Bannister

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 10 *Days.*

Color, Col *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Etna Alley Hanover St to E.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial May 12. 1880

Undertaker, A J Mills

Place of Business, 35 Gramby St *Address* North St

W Exeter St

C S Mahon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 39604

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 12 1880 BALTIMORE

Date of Death, May 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma McWilliams

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, 3 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 38 Hanover

Cause of Death { First, (Primary,) Bronchial Catarrh & Hoop-
Second, (Immediate,) ing Cough with Convulsions

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 12 "1880

Edwd F. Michael M. D.
Medical Attendant.

Undertaker, Jas P. F Byrne

Place of Business, — *Address,* 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39605

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1880

CERTIFICATE OF DEATH.

Date of Death, May 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Richardson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 9 *Years,* 9 *Months,* *Days.*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Son

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore, 8 mos

Place of Death, {Give street and number} 81 East S Street

Cause of Death First, (Primary.) Unknown but probably

Second, (Immediate,) Convulsions from teething, certainly from

Duration of last Sickness, sudden death natural Cause

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 12 1880

Undertaker, Wm. Appleby White

Place of Business, 98 Broadway St

Edmund Rowalker M. D.
Medical Attendant.

Address, Coroners O D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, May 10 - 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Diaz

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Mariner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Lisbon Portugal

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and number} Fort ave near Jackson st

Cause of Death First, (Primary,) Heart Disease - died suddenly after eating breakfast and walking up stairs to his room when 1 hour time he was in a

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 12th

Undertaker, B. Harle

Place of Business, No 411 Light Street

P. A. D. Ellen M. D.
Medical Attendant.

Address, 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma H Ireil

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ——— *Years,* Nine *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 110 S. Lee St.

Cause of Death, First, (Primary,) Cholera Infantum.

Second, (Immediate,)

Duration of last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 12th 1880

Undertaker, F. H. Ireil

Place of Business, Hanover St.

H. J. Hoffman M. D.
Medical Attendant.

Address, 20 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 39608

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 12th May 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva Alberts.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 74. *Years,* .. *Months,* .. *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Rosendorf Bavaria Germany

Duration of Residence in the City of Baltimore, 33 Years.

Place of Death, {Give street and number.} 208 Canton Avenue.

Cause of Death, First (Primary,)

Second (Immediate,) Old Age.

Duration of Last Sickness, 7 Years.

All the above information should be furnished by the Physician.

Place of Burial, Ev: Luth: St Paulus Cemt.

Date of Burial, May 13.

Undertaker, Julius Haack

Place of Business, 12. Miller Str.

Address

Emil Hamel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 12 1880 BALTIMORE

Date of Death, May 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emmie Doorndorf

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 124 Harford Ave.

Cause of Death { First, (Primary,) Congestion of the brain
Second, (Immediate,) 2 days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 13th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount

H. Brooke Bayle M. D.
Medical Attendant.

Address, Nele E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39610

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj^a Allen Neumayer

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* 6 *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 6 months & 7 days

Place of Death, {Give street and number.} 1 Summerset St ~~6 months 7 days~~

Cause of Death, First (Primary,) Dentition

Second (Immediate,) not known

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 13th 1880

Undertaker, W H Hickman

Place of Business, N. Gay St

L. C. Gordon M.D.
Medical Attendant.

Address, 80 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 39611

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 12 1880 BALTIMORE

Date of Death, May 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Dittmer

Female

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Three (3) *Years,* One (1) *Months,* ——— *Days.*

Color, Colick

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 36 South Castle St

Cause of Death, First, (Primary.) Diph Membranic Croup.

Second, (Immediate.) Asphyxia

Duration of Last Sickness, Six (6) Days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, May 13th 80

Undertaker, M. Franz

Place of Business, 280 Canton Ave

S. N. Shaw M.D.,
Medical Attendant.

Address, Eager & Light Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 12 1885 BALTIMORE

Date of Death, May 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Glaeser

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, twenty years.

Place of Death, {Give street and number} 69 N. Wolf St.

Cause of Death {First, (Primary.) / Second, (Immediate.)} Typhoid Fever.

Duration of last Sickness, Nine days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 12th 85

Aug. H. Essich M. D.
Medical Attendant.

Undertaker, M. Frances

Place of Business, 280 Canton Ave

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39613

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 12 1880 BALTIMORE

Date of Death, May 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Kitz

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 56 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} Biddle road

Cause of Death, First, (Primary,) Hernia incarcerated

Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, May 13 1880

Undertaker, Henry Hoeck

Place of Business, 306 N. Central Ave

J Flanin M. D.
Medical Attendant.

Address, 27 E Monroe

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39614

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 12 1890 BALTIMORE

Date of Death, May 11

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Daley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* Three *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. Eden St 132

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem. John A Lehnert M. D.

Date of Burial, May 12 Medical Attendant.

Undertaker, H. Dippel

Place of Business, S. Bond St. 151 *Address* Cor Lancaster & Eden Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ino. Spencer

~~Sex, Male~~ or Female, {cross out the word not required in this line.} Female

Age, 5 04 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, Home Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number} City Hospital

Cause of Death, First, (Primary.) Rheumatism

Second, (Immediate,) Heart Disease

Duration of last Sickness, 4 WEEKS

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Ch. Cemetery

Date of Burial, May 12th 1888

Undertaker, Wm. H. Bishop Co.

Place of Business, #97 South Hill St.

J. H. Buchanan M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39616

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 13 1880 BALTIMORE

Date of Death, May 11th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ophia Kopp

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, { Give street and number } On Shore of the Middle branch of the Patapsco River North Side

Cause of Death { First, (Primary,) Second, (Immediate,) Effusion of Gunpowder & Shot

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, May 13th

Undertaker, L. Ritz

Place of Business, 129½ S. Broadway *Address,* 151 Le Grand St

Dr Beck *M. D.*
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 99617

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kendler

Sex, Male or Female, {cross out the word not required in this line.}

Age, 60 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Cork Smith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Year

Place of Death, {Give street and number} 79 S Poppleton

Cause of Death, First, (Primary,) Cancer of Stomach

Second, (Immediate,) 8 months

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, June 11 The 1880

Undertaker, Wm. H. Bartell

Place of Business, 42 W Ball St

G. T. Knight M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gustav Hasler.

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 32 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Iron Worker.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Hessen Germany

Duration of Residence in the City of Baltimore, About 2 Years.

Place of Death, { Give street and number } On Stone of the Middle branch of the Patapsco River North Side.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Effusion of Cerebellum & Shock.

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, I Peters Cemetery

Date of Burial, May 13th, 1880

Undertaker, Leonhard Veure

Place of Business, S. Baltst. & 238

[illegible] M. D.
Medical Attendant.

Coroner

Address, 161 So Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman R. Busch

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hanover Germany

Duration of Residence in the City of Baltimore, About 33 Years

Place of Death, {Give street and number} On Shore of the Middle Branch of the Patapsco River - North Side

Cause of Death First, (Primary,) Effusion of Brain

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, May 13th 1880

Undertaker, Leonhard Fuss

Place of Business, S. Bond St. No. 228 *Address,* 161 So Stuart St

E. A. Becc M. D.
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 12 1880 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 9h 30m P.M. 11th May, 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Virginia McMillan

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.} Female

Age, ~~~~ *Years,* ~~~~ *Months,* Eleven *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth,} 237 N. Hoffman St, Baltimore - Md

Duration of Residence in the City of Baltimore, Eleven days

Place of Death, {Give street and number} 237 N. Hoffman St, Baltimore, Maryland

Cause of Death, First, (Primary,) Obstructed Liver

Second, (Immediate,) " "

Duration of last Sickness, all it's life

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, May 12th 1880

Wm. J. Smith M. D.
Medical Attendant.

Undertaker, Jos. H. Burns

Place of Business, 57 W. Lexington St

Address, 236 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BOLLANT & CO. CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Baltimore,

Permit No. 39621

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 12 1880 BALTIMORE

Date of Death, May 07 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Dandelet

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Prussia (47 yrs in Am

Duration of Residence in the City of Baltimore, 46 yrs

Place of Death, {Give street and number} St Joseph Hospital

Cause of Death, First, (Primary,) Large glandular tumor of neck pressing

Second, (Immediate,) upon Carotid preventing & allowing the Patient dying of exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 13th 1880

Undertaker, Wm. H. Pickman

Place of Business, 234 N. Gay St.

Edward Coker M. D.
Medical Attendant.

Address, 88 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39622

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry Thomas

Sex, Male or Female, {cross out the word not required in this line.} male

Age, — *Years,* 7 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give street and number} 4 Jackson Ct Court

Cause of Death, First, (Primary,) —

Second, (Immediate,) Emaciation

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Lukes Cemetery

Date of Burial, May 14 1880

Undertaker, Mr Gray

Place of Business, 5 and Hill Ave

J. A. Gillis M. D.
Medical Attendant.

Address, 150 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39623

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 12 1880

Date of Death, May 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown } John Snyder

Sex, Male or Female, {cross out the word not required in this line.}

Age, about 57 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} On the Shore of the Middle Branch of the Patapsco River - North Side

Cause of Death { First, (Primary,) Exposure of Person & Shock
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wes Pub Cemetery

Date of Burial, May 12/80

Undertaker, F W Kirchner

Place of Business, 50 S Carrollton Av

Dr. J. Bell M. D.
Medical Attendant.
Coroner

Address, 161 So Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Blum

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5 *Years,* 8 *Months,* [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 45 S. Caroline

Cause of Death First, (Primary,) Scarlatina maligna

Second, (Immediate,) Paralysis cordis

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, May 13

Undertaker, John Glenning

Place of Business, 382 Orleans St

J. Forbes M. D.
Medical Attendant.

Address, 245 S. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 39625

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Virgie Placide Desmond.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 18 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 164 Carrollton Ave—

Cause of Death, First (Primary,) Cardiac Spasm

Second (Immediate,) Asthenia

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 13th 1880

Undertaker, William Weaver

Place of Business, No 202 N. Eutaw St *Address*

Thos. J. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39626

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Blanch Bowles

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* 2 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single Widow Widower

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 274 Ramsay Street

Cause of Death, First, (Primary,) Scarlet fever

Second, (Immediate,) Endocarditis

Duration of last Sickness, Six weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 13

Undertaker, J B Crook

Place of Business, 707 W. Baltimore St

W R McKeen M. D.
Medical Attendant.

Address, 582 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday, May 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ann Matthews

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 78 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number} 5 Vally St

Cause of Death, First, (Primary,) Enlargement of Heart & disease of the Valves.

Second, (Immediate,)

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cemetery

Date of Burial, May 13 1880

Undertaker, James P Burns

Place of Business, 413 Fulton Ave

Wilmer Brinton M. D.
Medical Attendant.

Address, 257 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39628

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 13 1880 BALTIMORE

Date of Death, May 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Sweeney Mace

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Storekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Twenty Four Years—

Place of Death, {Give street and number} Cor Queen & Sharp Sts

Cause of Death { First, (Primary,) Hypertrophy of Heart

Second, (Immediate,)

Duration of last Sickness, Five Days—

All the above information should be furnished by the Physician.

Place of Burial, Dennis Bier Cemetery

Date of Burial, May 13th 1880

Undertaker, James A Byrnes

Place of Business, No 63 & Saint St

A. Appleman M. D.
Medical Attendant.

Address, 137 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 13 1880 BALTIMORE

Date of Death, May 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lavenia H. F. Long

Sex, Male or Female, {cross out the word not required in this line.}

Age, 32 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Somerset Co. Md

Duration of Residence in the City of Baltimore, Twenty Three Years

Place of Death, {Give street and number} 90 E. Mount St

Cause of Death, First, (Primary,) Phlegmonous Erysipelas of face

Second, (Immediate,) .....

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 14th

Undertaker, Frye & Rio

Place of Business, Broadway & Fayette

Wm. H. Frue M. D.
Medical Attendant.

John Neff M.D.

Address, 41 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39630

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Louis Davis

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months,* 11 *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 216 Constitution St.

Cause of Death { First, (Primary,) Haemotoxis
, Second, (Immediate,)

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 13th 1880

Silas H. Hunter M. D.
Medical Attendant.

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39631

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 13 1880 BALTIMORE

Date of Death, May 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wesley Murray

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 37 *Years,* — *Months,* — *Days.*

Color, (Colored)

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} No 295 Durham st

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, — 5 years —

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, May 11th 1880

Undertaker, S. W. Chase

Place of Business,

Tho. B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary S. Quisley,

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation, Housewife,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Benedict Chas. Co.

Duration of Residence in the City of Baltimore, Fifteen yrs.

Place of Death, {Give street and number} 242 Gough St.

Cause of Death { First, (Primary,) Hyperdemia of Brain
Second, (Immediate,) Pulmonary Hemorrhage,

Duration of last Sickness, Four hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 14/80

Undertaker, Fry & Son

Place of Business, 514 W Broadway

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Mar. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.}

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89633

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tony Scholer

Color, Male or Female, {cross out the word not required in this line.} Male

Age, 35 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ger 10 yrs

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number} City Hospital

Cause of Death, First, (Primary.) Emphysema of Lungs

Second, (Immediate,) Oedema of Brain

Duration of last Sickness, 9 days

All the above Information should be furnished by the Physician.

Place of Burial, Saint Alphonsis Cem

Date of Burial, May 14th 1880

Undertaker, Andrews Hodges

Place of Business, No 406 Druid Hill Ave

J. A. Branham M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 13 1882 BALTIMORE

Date of Death, 12th May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Riden

Sex, Male or Female, {cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} N. York

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number} 314 S. Charles

Cause of Death First, (Primary,) Enteritis

Second, (Immediate,)

Duration of last Sickness, Two months

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 14th

J. W. Webster M. D.
Medical Attendant.

Undertaker, F. T. Trail

Place of Business, 139 Hanover Street *Address,* 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39635

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 11th 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Burke

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 14 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Born

Place of Death, { Give street and number } On Shore of the Middle Branch of the Patapsco River – North Side.

Cause of Death { First, (Primary,) Second, (Immediate,) } Effusion of Serum under & Sacc

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, May 13. 1880.

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

Jno F Bacc M. D.
Medical Attendant.

Coroner

Address, 161 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 39636

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Sanger Sparhawk

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 5 *Months,* ____ *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 18 S Schroder St.

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 14th 1880

J. Skelton Shee M. D.
Medical Attendant.

Undertaker, Jos. A. Cook

Place of Business, No 707 W Baltimore Street

Address, 432 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DELANY & CO. CITY PRINTERS AND STATIONERS.

[07 43.]

Permit No. 39637

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 13 1890 BALTIMORE

Date of Death, May 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amsted Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 1 Months, 12 Days.

Color, ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 30 Booth St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Inanition

Duration of Last Sickness, Forty two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 13

Undertaker, Abraham Wyman

Place of Business, 13 Saratoga St

Elsmeier M. D.
Medical Attendant.

Address 51 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39638

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE REGISTRAR MAY 13 1880

CERTIFICATE OF DEATH.

Date of Death, May 11 th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Gray

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, ~~Years~~, 6 *Months,* ~~Days.~~

Color, Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 140 East[n] ave

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Lemel Cemetery

Date of Burial, March 12 1880

Undertaker, William Berringer

Place of Business, No 62 East Fayette

Thos. B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39639

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Moyland

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 4 *Years,* 4 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 5 Mott St.

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Asthenia & Severe Suppurative Cervical Adenitis

Duration of last Sickness, 4 wks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 13th 1880

Undertaker, Jas C Byrne

Place of Business, 43 Front St

D. Streett M. D.
Medical Attendant.

Address, 143 N. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. B. BRANT & CO. CITY PRINTERS AND STATIONERS.

Permit No. 396440

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May. 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter S Frame

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* 0 *Months,* 11 *Days.*

Color, white *Sex,* male

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 48 S. Mount St.

Cause of Death, First (Primary,) Phthisis Pulmonalis.

Second (Immediate,)

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetary

Date of Burial, May 14 80

A. T. Bell M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, No 263 Light St. *Address* 234 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 39641

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie S. Howard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ... 8 *Months,* 22 *Days.*

Color, Black *Sex,* Single

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 6 Jenkins alley

Cause of Death, First (Primary,) Spasms

Second (Immediate,) ...

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 13th 1880

Undertaker, Wm. H. Speight

Place of Business, Baltimore

W. Takrue for Lamy Hine M. D.
Medical Attendant.

Address 65 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 39642

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel August Stroh

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* Eight *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 44 Lindenhall st

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Coma

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, May 14th

Undertaker, Henry Brill

Place of Business, Henrietta St 81

Dr Lucien A Barclay M. D.
Medical Attendant.

Address 47 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39643

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm H Manly

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 313 West Hollins

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Erysipelas 7 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, May 16th 1880

D. P. Hoffman M. D.
Medical Attendant.

Undertaker, Denby & Mitchell

Place of Business, 530 W Fayette St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 396444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 12. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Regina Martin

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md. Maternité

Duration of Residence in the City of Baltimore, Institution 6 days

Place of Death, {Give street and number} St Vincents Infant asylum

Cause of Death { First, (Primary,) Marasmus
Second, (Immediate,) Hydrocephaloid

Duration of last Sickness, When admitted

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 13. 1880

Undertaker, J. Bramble

Place of Business, 156 Division St.

Mastony Corner M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 39645

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hill

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 372 Pennsylvania Avenue.

Cause of Death First, (Primary,) Cough, probably Pertussis - had 2 days chills

Second, (Immediate,) having it - Congestion of lungs.

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 15th 1880

Martin Brune M. D.
Medical Attendant.

Undertaker, P. Kummel

Place of Business, Mulberry St Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39646

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Copeland

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Eighty one *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Potter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 252 N. Bond st

Cause of Death, First (Primary,) Fracture of neck of femur

Second (Immediate,) Exhaustion by physical condition

Duration of Last Sickness, Eight weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 15th 1880

Fred'k Thornburgh *M. D.*
Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, N. Central ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Easter

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* — *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cor. of West & Charles St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Cor of West & Charles St

Cause of Death First, (Primary.) Marasmus

Second, (Immediate,) Dropsy

Duration of last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 16th

Undertaker, [illegible]

Place of Business, No 411 Light St

E. N. Dodge M. D.
Per. J. H. B
Medical Attendant.

Address, 201 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39648

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward McAnany

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 9 Hudson alley

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Tonsilitis

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 14th 1880

Undertaker, Joseph F Byrne

Place of Business, 592 Liberty

E. D. Browne M. D.
Medical Attendant.

Address, 307 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39649

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Keule

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 74 *Years,* ____ *Months,* ____ *Days.*

Color, White

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 244 Lexington st

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate.)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, May 15 80

H J Darling M. D.
Medical Attendant.

Undertaker, Danby & Mitchell

Place of Business, 53 & 55 Gay st *Address,* 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 39650

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Edward Ellis~~ Clarence Cornish May 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, Colored *Sex,* ____

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 18 Little Pine al

Cause of Death, First (Primary,) Bronchitis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 14th 1880

J Haney Stiles M. D.
Medical Attendant.

Undertaker, W. J. Gray

Place of Business, 65 Mulberry st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Mullin

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, 15 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} Home of The Good Shepherd

Cause of Death First, (Primary,) Inflammation of the Bowels

Second, (Immediate,)

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, May 14th 1880

Edwd F. Mellwain M. D.
Medical Attendant.

Undertaker, J. B. Crook

Place of Business, 709. W. Balto *Address,* 279. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14. 1880

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. C. Christian

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One *Years,* One *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Richmond Va. "

Duration of Residence in the City of Baltimore, Seven Months

Place of Death, {Give street and number} 303 Linden Ave

Cause of Death { First, (Primary,) Tubercular Meningitis
, Second, (Immediate,) " "

Duration of last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Richmond Va

Date of Burial, Shipped by R.R. 4.35 am May 15th

J. C. Christian M. D.
Medical Attendant.

Undertaker, W. E. Chenoweth

Place of Business, 336 Penna ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39653

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leroy Seene

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 537 N Hay at

Cause of Death {First, (Primary,) Second, (Immediate,)} Dythentic Croup Three days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.t

Date of Burial, May 13 1880

Undertaker, Wm H. Kuhlmann

Place of Business, 1234 1/2 E Balt

D. T. Coyne M. D.
Medical Attendant.

Address, 134 N High st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39651

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named give names of parents.} George Hennings

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 6 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 325 Eastern Avenue

Cause of Death, First, (Primary,) Meningites

Second, (Immediate,) ____

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, May 14th

Undertaker, H. Frechlich

Place of Business, 246 Eastern Ave

Chas. T. Shaw M. D.
Medical Attendant.

Address, 61 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OV 42.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39655

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ezra F. Busey.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 62 *Years,* 5 *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Minister of the Gospel.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Berkley Co Va

Duration of Residence in the City of Baltimore, Seven years —

Place of Death, {Give street and number} 287 W Lombard St —

Cause of Death { First, (Primary,) Leucocythaemia & Anaemia
Second, (Immediate,) Chronic Diarhoea -

Duration of last Sickness, Two years —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 16th 1880

W. T. Wiseler M. D.
Medical Attendant.

Undertaker, Jas H. Young

Place of Business, Cor Fremont & Balto Sts

Address, Mt Fayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 37636

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 15 1890 BALTIMORE

Date of Death, May 14 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Miller

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 60 *Years,* 7 *Months,* 5 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Cooper

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 20 / Years

Place of Death, { Give street and number. } 230 S Charles

Cause of Death, { First, (Primary.) Phthisis / Second, (Immediate.) }

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, May 16th

Undertaker, Peter Kingsmith

Place of Business, 317 Mulberry

Gordon Cook M.D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 39657

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Woitek Zuchowski

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, One Week

Place of Death, {Give street and number.} 61 Thames St.

Cause of Death, First, (Primary.) Scarlatina

Second, (Immediate.) Dropsy

Duration of Last Sickness, About Three (3) Weeks-Dis

All the above information should be furnished by the Physician.

Place of Burial, St. Michael's Cemetery

Date of Burial, May 15th-1880

Undertaker, Henry Bair

Place of Business, 252 Alice ann

G. L. Watkins M.D.,
Medical Attendant.

Address, 77 S. Broadway

MAY 1880 HEALTH DEPARTMENT BALTIMORE

Child Mrs. Zuchowski Dock Lane

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 39688 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth M. Dombrowski

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* seven (7) *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 14 5½ S. Spring St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Asthenia

Duration of Last Sickness, Five (5) days

All the above information should be furnished by the Physician.

Place of Burial, Ger. Zion Catholic Cemetery

Date of Burial, 15th day May 1880

Undertaker, Henry Bien

Place of Business, 252 Aisquith St

G. L. Wilkins M.D.,
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 39659

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Faelsen

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 45 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 160 S. Register

Cause of Death, First, (Primary.) Infantile convulsions

Second, (Immediate.) .....

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, May 15th

Undertaker, Henry Saveder

Place of Business, 252 Caroline St

R. W. Mansfield M.D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39660

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 15 1890 BALTIMORE

Date of Death, May 15th 1890

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isaac Lauer

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 4 *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } No. 911 S. Caroline

Cause of Death, { First, (Primary,) Stomach Trouble

Second, (Immediate,) .....

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 16th

Undertaker, Henry Lauer

Place of Business, 252 Canton Ave

B. Rolfe M. D.
Medical Attendant.

Address, 911 S. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39661

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 15 1880 BALTIMORE

Date of Death, May 13 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher L Mayer

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} 109 W Monument St

Cause of Death { First, (Primary,) Aneurism of Aorta
Second, (Immediate,) Rupture Pericardium & Hemorrhage

Duration of last Sickness, About 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 15th 1880

Chas O Brown M. D.
Medical Attendant.

Undertaker, H W Jenkins & Son

Place of Business, 16 Light St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 37662

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 15, 1880 BALTIMORE

Date of Death, 14th May

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Leibner

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Stamford Conn

Duration of Residence in the City of Baltimore, abt 55 years

Place of Death, {Give street and number.} 173 N Charles

Cause of Death, First (Primary,) old age

Second (Immediate,)

Duration of Last Sickness, Taken two months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetry

Date of Burial, 15th May 1880

Wm Shuman M. D.
Medical Attendant.

Undertaker, Henry A Jenkins Son

Place of Business, & 16 Light St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ole's Kilhallg Snyder

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 26 *Years,* ... *Months,* ... *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 6 E Cochoun st Splendid 670 Lexington

Cause of Death, {First (Primary,) Epileptic Convulsions

Second (Immediate.) One hour

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Fremont Cemetery Alex Tenley M. D.

Date of Burial, May 15 Coroner

{*Undertaker,* Joseph B Cook

{*Place of Business,* 707 East Baltimore *Address*

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 39664

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 15 1880 BALTIMORE

Date of Death, May 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Colin Storey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 70 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Cooper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 82 S. Bethel

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) Asthenia

Duration of Last Sickness, 18 Months

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 16

Undertaker, Wernlein Dysart

Place of Business, Bond St. 751

G. L. Wilkins M.D.,
Medical Attendant.

Address, 1/2 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 39665

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 15 1880 BALTIMORE

Date of Death, May 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth May

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* ... *Months,* ... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Philadelphia

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 263 Hollins St.

Cause of Death, {First (Primary,) Softening of Brain

{Second (Immediate,)

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 17th

{*Undertaker,* Shield & Meeth

{*Place of Business,*

H. M. Wilson M. D.
Medical Attendant.

Address 257 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 15 1880 BALTIMORE

Date of Death, May 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Marke

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 18 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 10 E Orleans St

Cause of Death First, (Primary,) Congenital

Second, (Immediate,) Hemorrhage

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 1880

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Milton N. Taylor M. D.
Medical Attendant.

Address, Broadway & McElderry's

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Cornish

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 24 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Twelve years.

Place of Death, {Give street and number} 180 South Durham St.

Cause of Death { First (Primary.) Inflammatory Phthisis
, { Second (Immediate,) Asthenia

Duration of last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 16th 1880

Undertaker, John Locke

Place of Business, Wolf St

Jno. S. Lynch M. D.
Medical Attendant.

Address, 17 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39668

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 15 1880

Date of Death, May 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elijah Williams

Sex, Male or Female, {cross out the word not required in this line.} ~~Female~~

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, C C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Barnard alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Barnard alley

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, one hour

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 15 1880

Undertaker, G W Chase

Place of Business, No 198 Howard St

J J Chew M. D.
Medical Attendant.

Address, 200 South Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Handy

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 25 *Years,* 6 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Entire life

Place of Death, {Give street and number} 44 Hampstead

Cause of Death First, (Primary,) Insanity, following Miscarriage in Feb 1880

Second, (Immediate,) Coma

Duration of last Sickness, Since Feb 29th 1880

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 16

Undertaker, Mercer Ross

Place of Business, 95 Conway St

D W Cathell M. D.
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Ann Perry

Sex, Male or Female, {cross out the word not required in this line.}

Age, 33 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ellicott City

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give street and number} 167 Druid Street

Cause of Death, {First, (Primary.) ..... Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, Five years

All the above information should be furnished by the Physician.

Place of Burial, Bonnet Cemetery

Date of Burial, May 16th 1880

Chas. W. Neff M. D.
Medical Attendant.

Undertaker, Abraham Hayman

Place of Business, 13 Sondergd 24 *Address,* 306 W. Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Dallas Ashton

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Monument & Wolf Sts

Cause of Death, First, (Primary.)

Second, (Immediate,) Consumption

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Harford Co Md

Date of Burial, May 16 1880

Undertaker, Geo C. Redenno

Place of Business, 38 Ensor St

I Thos A Means M. D.

~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jos P Smith

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Davis

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 47 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None ~~Farmer~~ Ireland

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Twenty three yrs.

Place of Death, {Give street and number} 12 S. Bond St.

Cause of Death {First, (Primary,) Gastric Catarrh
Second, (Immediate,) Delirium Tremens

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, May 16, 1880

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

G. G. Kuhl M. D.
Medical Attendant.

Address, Balt. & Wash Rds.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39673

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A. Atwell

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 37 *Years,* 1 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Clerk B. & O. R. R. Pier

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Massachusetts

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 132 S. Ann St

Cause of Death First, (Primary,) Inspaction of Bowels.

Second, (Immediate,) Inflammation of Peritoneum

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 16. 1880

Undertaker, M. A. Sayer

Place of Business, 74 S. Broadway

Jno. S. Lynch M. D.
Medical Attendant.

Address, 17 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katy Ballard

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line,}

Age, 24 *Years,* 1 *Months,* 8 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of ~~*Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} St. Vincents Hospital Extra Uterine Pregnancy

Cause of Death, {First (Primary,) Ruptured

Second (Immediate,) Septicaemia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 17th 1880

{*Undertaker,* John F. Weaver & Co.

{*Place of Business,* # 22 W. Fayette St.

J. R. Robinson Jr. M. D.
Medical Attendant.

Address 146 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Charles D 8~~ May 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles O Poist

Sex, Male or Female, {cross out the word not required in this line.}

Age, 41 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt County

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number} 1314 Carey

Cause of Death, First, (Primary.) Acute Mania

Second, (Immediate.) Cerebritis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 16th 1880

Undertaker, Wm Weaver

Place of Business, 202 N. Eutaw St

J. J. Knight M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 39676 #39676 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sobrina Elmick

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* Four (4) *Months,* Six (6) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bucks City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 22. E Biddle St

Cause of Death, First, (Primary.) Eclampsia

Second, (Immediate.) —

Duration of Last Sickness, Two Days

All the above Information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch

Date of Burial, May 16th 1880

Undertaker, Henry Hoeck

Place of Business, 30 N. Central Ave *Address,* Cor Eager & Caroline Sts

Fr Schaur M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of

39677

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. ~~39677~~

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Lee

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 19 *Years,* 6 *Months,* ..... *Days.*

Color, c.l

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Childs Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Hull Lane No 8

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Phthysis Pulmonalis

Duration of last Sickness, 8 weeks & 3 days Confirmed 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, May 16th 1880

Undertaker, Wm M Dungee

Place of Business, 62 East 41

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1880 3 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John West

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years,* ——— *Months,* ——— *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and number.} 38 King st Baltimore

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, May 16th 1880

Undertaker, Wm H Dunger

Place of Business, 62 Eastern

T. Edwd Kirby M. D.
Medical Attendant.

Address 24 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 39679 #39679 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 15/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Taylor

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, / *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 56 N. Durham

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 17th 1880

Undertaker, H. K. Gilmeyer

Place of Business, 341 Eastern Av.

R. W. Mansfield M.D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39680

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Greenaway

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~ *Years,* ~ *Months,* 8 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 8 days

Place of Death, {Give street and number} No 2 Wales Court

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate,) Spasms

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Stans St. Cemetery

Date of Burial, May 17 1880

H. W. Austin M. D.
Medical Attendant.

Undertaker, Samuel H Shaw

Place of Business, 1/2 S Howard St *Address,* 192 Pine St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 39681

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida Florence Gilley

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, X *Years,* X *Months,* Eight hours *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, X —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Eight hours

Place of Death, {Give street and number.} 374 N. Stricker st.

Cause of Death, First (Primary,) Premature birth

Second (Immediate,) Asthenia and Cyanosis

Duration of Last Sickness, Eight hours.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem. J. M. Johnson M. D.

Date of Burial, May 16. 1880 Medical Attendant.

Undertaker, Wm. H. Pickman *Address* 374 N. Gilmor st

Place of Business 234 W Gay st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15/88 2.15 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Regel

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 25 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 13½ Bank St

Cause of Death { First, (Primary,) Edynamia
Second, (Immediate,) During all Existence

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 17th of May

Undertaker, John Blan...

Place of Business, No 158 Durham

A. Glenzer M.D.
Medical Attendant.

Address, 11 S High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 87683

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche E Amor

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 8 1/2 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nursery & Child's Hospital

Cause of Death, First, (Primary.) Mal-Nutrition

Second, (Immediate,) ____

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudoun Park

Date of Burial, May 16 1900

C. F. Brown M. D.
Medical Attendant.

Undertaker, E. H. Highland

Place of Business, 127 Penna ave. *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39684

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Collins

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 42 *Years,* ..... *Months,* ..... *Days.*

Color, C.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Seafaring man (Cook)

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Hartford Co

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number} No 71 N Spring st

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) " "

Duration of last Sickness, Six Month

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, May 16th 1880

Undertaker, Chas J. Locke

Place of Business, 193 Jefferson st

Whitefield Kinsey M. D.
Medical Attendant.

Address, 116 E Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rudolph Eickhof.

Sex, Male or Female, {cross out the word not required in this line.} Male —

Age, 29 — *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Sailor —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany —

Duration of Residence in the City of Baltimore, 15 years —

Place of Death, {Give street and number} H 11 Canton ave

Cause of Death {First, (Primary,) Consumption of the Lungs —
Second, (Immediate,) — — do —

Duration of last Sickness, Since Christmas —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co[illegible]

Date of Burial, Mar 17.

Undertaker, John Hennessy.

Place of Business, 882 Orleans St.

W. A. Shue — M. D.
Medical Attendant.

Address, 86 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39686 #39686

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Baetzer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 79 *Years,* 7 *Months,* 22 *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany - Eight Years

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number} No. 354 Hanburg St.

Cause of Death, First, (Primary,) Hemorrhage from Lungs

Second, (Immediate,) Sudden death -

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, May 17th 1880

I Lyle Smith M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts Address, 221 Barre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...LANT & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14 - 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Crosbery

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ____ *Years,* ____ *Months,* 9 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} # 13 Mechanics Ct

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number}

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 16-1880.

Undertaker, William N. Dunger

Place of Business, East St

James A Clemens M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

E & I Dr E Dunning

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 16 1880 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Kelley

~~*Sex,*~~ *Male* ~~*or Female,*~~ {cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* *Days.*

Color,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} * 59 N Fremont St

Cause of Death {First, (Primary.)} Croup -

{Second, (Immediate.)} Asphixia

Duration of last Sickness, *Two days -

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, May 17th 1880

Undertaker, Thos Smyth

Place of Business, 60 E Balto

Saml F Powell M. D.
Medical Attendant.

Address, No 29 Augusta St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE MAY 16 1880

CERTIFICATE OF DEATH.

Date of Death, May 15th 80

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherina Engels.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 18 *Months,* ..... *Days.*

Color, White *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} S. Eden St. 157.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Exhaustion

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Mayers Cemetery

Date of Burial, May 16th

Undertaker, [illegible]

Place of Business, 33 Bond St.

John A Schultz **M. D.**
Medical Attendant.

Address N E Cor Gough & Eden Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordnined, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 29.690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th May 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alex Wolff

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 5 Years, — Months, — Days

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} married

Occupation, Lawyer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Berlin

Duration of Residence in the City of Baltimore, about 3 years

Place of Death, {Give street and number.} 197 Lindenau

Cause of Death, {First (Primary,) Apoplexy / Second (Immediate,) —}

Duration of Last Sickness, about 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Cecil County Md

Date of Burial, May 17th 1880

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St

L Donaldson M.D.
Medical Attendant.

Address, 108 Vulcan Hall

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit Permit No 1769

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander S. Walton

~~Sex,~~ Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 60 *Years,* 5 *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Stair Builder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chester Co Pennsylvania

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and number.} # 192 Pennsylvania Ave

Cause of Death, First (Primary,) ..... Second (Immediate,) Enteritis, Diarhoeal

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park *W. W. Owings* *M. D.*

Medical Attendant.

Date of Burial, May 16

Undertaker, [illegible]

Place of Business, 201 Penn ave *Address* 274 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Mary Beard

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 218 Lee St

Cause of Death { First, (Primary,) / Second, (Immediate,) Convulsions

Duration of last Sickness, sudden

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 17th

Undertaker, Wm. J. Lechner

Place of Business, 65 S. Eutaw

J. Hewes M. D.
Medical Attendant.

Address, 76 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Deas

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ——— *Years,* 11 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City Limits Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, { Give street and number } 209 Caroline

Cause of Death { First, (Primary,) Convulsions of Brain
Second, (Immediate,) ———

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 17 1880

Undertaker, Jos H. Young

Place of Business, Near Baltimore Monument

Jno O'Dalaca M. D.
Medical Attendant.

Address, 168 Pacca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. KELLY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 39694

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Craig Gaines

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 3 *Months,* ____ 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single ~~Widow~~ ~~Widower~~

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 25 N. Wolfe St

Cause of Death, First, (Primary.) ____ Second, (Immediate.) Cholera Infantum

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 17th 1880

Undertaker, Wm Frey Bro

Place of Business, Broadway

J. J. Gaines M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BUBLANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39695

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Butler

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, 15 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, One day

Place of Death, {Give street and number} 16 Lemon St

Cause of Death {First, (Primary,) Acute Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, 6 weeks in Ireland & 18 days at Sea

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, May 17th 1880

Undertaker, [illegible]

Place of Business, No 707 W Baltimore Street

Chas. F. Nicholson M. D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 39696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph F. Little

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 8 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 176 George st (Baltimore)

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 176 George Street

Cause of Death, First (Primary,) Tetanus Infantum

Second (Immediate,) ____

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Saint Paul's

Date of Burial, May 17th

J. E. Gibbons M. D.
Medical Attendant.

Undertaker, J B Good

Place of Business, No 70 W Balto st Address 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 4.45 A M Sunday May 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Oliver

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 55 *Years,* 4 *Months,* 15 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Car driver

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 34

Place of Death, {Give street and number} 59 Valeant St

Cause of Death {First, (Primary,) Pneumonia / Second, (Immediate,) Pneumonia

Duration of last Sickness, Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 17th 1880

Undertaker, H. M. Gilmore

Place of Business, 341 Eastern Ave

J E Richard M. D.
Medical Attendant.

Address, 28 C Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert J. Broom

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 49 *Years,* 3 *Months,* 6 *Days.*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Brakeman.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number} Sherwood House Cor Fayette & Harrison

Cause of Death First, (Primary,) Heart

Second, (Immediate,) disease probably

Duration of last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem'tery

Date of Burial, May 17th 1880.

Edmund Walker M. D.
Medical Attendant.

Undertaker, John H. Weaver & Co.

Place of Business, #22 W. Fayette St. *Address,* Coroners Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16 May 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Whittington

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, ~~Years,~~ 10 *Months,* ~~Days.~~

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.} Infant

Occupation, ~~~~~~~~~~~~~~~~~~~~

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 3 S. Front St

Cause of Death, First, (Primary,) Whooping Cough & Cerebral

Second, (Immediate,) Convulsions

Duration of last Sickness, about four weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 18th 1880

Undertaker, E. Lord

Place of Business, ~~~~~~~~~~~~~~~~

Thos Cameron M. D.
Medical Attendant.

Address, 58 N. Front St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Claffred J. Geddes.

Sex, Male or ~~Female~~, { Cross out the words not required in this line. }

Age, 0 *Years,* 2 *Months,* 24 *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore City.

Duration of Residence in the City of Baltimore, All his Life

Place of Death, { Give street and number. } 444 W Lombard St

Cause of Death, { First (Primary,) Dysentery. + Second (Immediate,) Convulsions

Duration of Last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 18th 1880

Undertaker, I. B. Cook

Place of Business, W. Baltimore St

John I. R. Frazier M.D.
" " Medical Attendant.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georges Kinzer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 17 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore V

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} Near Ellicott & East St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, About 5 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, May 17th

E. Jones Williams M. D.
Medical Attendant.

Undertaker, Henry Lauder

Place of Business, 252 Saratoga Ave. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0742]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Hasse

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 1 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 76 East Baltimore St

Cause of Death, First (Primary,) Septicaemia if bowels & peritoneum

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, May. 18.

Undertaker, John Hennig

Place of Business, 382 Orleans St *Address* [illegible]

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16 May 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Hensch

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 67 *Years,* 4 *Months,* 2 *Days*

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Cooper and Liquor Dealer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 115 Lewis

Cause of Death, {First (Primary,) Apoplexy

Second (Immediate,)}

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Balt Co.

Date of Burial, May 18th 1880

Undertaker, Rahn & Bartell

Place of Business, 62 W. Balt St.

C. J. Gaithman M.D.
Medical Attendant.

Address, 5 Hughes Alley

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettie G Kershaw

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and number} 205 Gough St

Cause of Death {First, (Primary,) Mesenteric Cancer

{Second, (Immediate,) Valvular Disease Heart

Duration of last Sickness, Aff 3 yr

All the above information should be furnished by the Physician.

Place of Burial, Charles County Md

Date of Burial, May 19th 1880

Undertaker, Dimmitt & Mitchell

Place of Business, 65 S Broadway

Geo. S Kammerer M. D.
Medical Attendant.

Address, 73 E Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER}

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transcript 1770

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12 30 Noon Sunday May 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Winfield Sullens

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 2 *Years,* 10 *Months,* 15 *Days.*

Color, White

~~Married~~ Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 175 Hudson St

Cause of Death {First, (Primary,) Cartalena Malegna

Second, (Immediate,) do

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Old Carmel Cemetery

Date of Burial, May 17th 1880

Undertaker, Thos O Shupe

Place of Business, Lin & Balto

J E Richard M. D.
Medical Attendant.

Address, 28 Ellicott St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 34706

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella Roney

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Ten (10) *Years,* Ten (10) *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 414 E. Chase Street

Cause of Death, First, (Primary.) Tubercular Meningitis

Second, (Immediate.) Exhaustion — Marasmus

Duration of Last Sickness, Three (3) weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 18th

Undertaker, Geo. Schilling

Place of Business, Ashland Square *Address,* 1 Bayard Street

Fitz Sloan M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish hin forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far e same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Miller

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 86 *Years,* — *Months,* — *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number} 90 Holland St

Cause of Death, First, (Primary.) —

Second, (Immediate,) Overdose of Laudanum

Duration of last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Pub Cemetery

Date of Burial, May 17 1880

Undertaker, Pat Mullen

Place of Business, —

Chas M Wright M. D.
Coroner E D
Medical Attendant.

Address, 65 Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Crawford Guy

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, Twenty *Years,* ____ *Months,* ____ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No 13 Holland Street

Cause of Death, First, (Primary.) Epilepsy

Second, (Immediate,) Apoplexy

Duration of last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, May 18th 1880

Wm H. Cleudinen, M. D.
Medical Attendant.

Undertaker, Andrews & Hodges

Place of Business, No 416 Druid Hill Avenue *Address,* No. 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilmina Sadler.

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 27 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U.S. Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 277 Forest St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 17th

J. H. Branham M. D.
Medical Attendant.

Undertaker, H. C. Weidefeld

Place of Business, 90 Greenmount *Address,* City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Honora J Considine

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, -None.-

Birthplace, {State or country (and how long in the United States, if of foreign birth.} United States.-

Duration of Residence in the City of Baltimore, Few Months

Place of Death, {Give street and number.} St Vincents Hospital

Cause of Death, First (Primary,) Cancer of Rectum

Second (Immediate,) Exhaustion

Duration of Last Sickness, Two or three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 17th

Undertaker, H. C. Wiedefeld *Address*

Place of Business, 90 Greenmount av

Mont Smith. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Not Named Robert Davis

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} Male

Age, ... *Years,* ..... *Months,* 2 (Father) *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Co. Eutaw & Monument

Cause of Death, {First (Primary,) Premature birth (6 to 7th mo.)

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 17/1880

{*Undertaker,* Wm H Hartman

{*Place of Business,* 1234 S Gay St

Thos S Latimer M.D.

Medical Attendant.

Address, 184 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bluguman

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 10 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 23 Haw St

Cause of Death { First, (Primary,) Meeting
Second, (Immediate,) Convulsions

Duration of last Sickness, Had No Attending Physician

All the above information should be furnished by the Physician.

Place of Burial, Thorps St Cemetery

Date of Burial, May 17 1880

Undertaker, S. H. Chase

Place of Business, No 198 Howard St

T. A. Bece M. D.
Medical Attendant.
Coroner

Address, 151 Stiles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaiah Boyer

Sex, ~~Male or Female~~, {cross out the word not required in this line.} Male

Age, ____ *Years,* 3 years *Months,* 6 *Days.* 11 1876

Color, Dark

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 92 Russell St.

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 17

Undertaker, G. W. Perkins

Place of Business, 130 Henrietta Ave

J. Taylor Smith M. D.
Medical Attendant.

Address, 221 Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia A. Forman (Gorman)

Sex, ~~Male~~ ~~or~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Wilmington Del.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 529 W. Fayette St

Cause of Death, First (Primary,) / Second (Immediate,) Consumption

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, May 18. 1880

Undertaker, M. A. Dwyer

Place of Business, 228 Madison Ave.

William B. Hidden M. D.
Medical Attendant.

Address 102 N. Eutaw St
Balto. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Nagle

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 24 Hull street.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 24 Hull street.

Cause of Death { First, (Primary,) Unknown. / Second, (Immediate,) Spasms. } 2 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, May 17, 1880

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

E W Janney M.D. M. D.
Medical Attendant.

Address, Belair & Edgewood Rds.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Denison Whites

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Fifty Two *Years,* ____ *Months,* ____ *Days.*

Color, Colored

Married, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Newburn N. Carolina

Duration of Residence in the City of Baltimore, Fourteen Years

Place of Death, {Give street and number} No 248 Hughes St

Cause of Death, First, (Primary.) Exposure to dampness

Second, (Immediate,) Pneumonia

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 17th

J. D. Dyer M. D.
Medical Attendant.

Undertaker, G H Perkins

Place of Business, 130 Henrietta St *Address,* 146 Hill St

I. D. DYER M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17, 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Coleman Veale

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 30 *Years,* 11 *Months,* 21 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 317 Hillen St

Cause of Death, First, (Primary,) Heart-Disease, cancer of

Second, (Immediate,) Asthma-

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, ~~Green Mount Cemetery~~

Date of Burial, May 19th 1890

James Bosley M. D.
Medical Attendant.

Undertaker, Jos. B. Burk

Place of Business, No 707 N Baltimore Street — *Address,* 319 Hillen St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39718

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Seraphim Ing

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 20 *Years,* 2 *Months,* — *Days.*

Color, Wh.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Gr'ton

Place of Death, {Give street and number} 353 E. Lombard

Cause of Death, First, (Primary.) Intussusception mitralis & enteritis

Second, (Immediate,) Paralysis cordis

Duration of last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, F. Alms House Cemetery

Date of Burial, May 18th 80

Undertaker, Linden Sharpe

Place of Business, 157 E. Monument

Address, 345 E. Baltimore

J. Walker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 10

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Zacharia Hull

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, Black *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Mulberry St. 192

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) Spasm

Duration of Last Sickness, Three Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 17

{ *Undertaker,* Abrahams & Hayman
Place of Business, 13 Saratoga St

John A Lehnk M. D.
Medical Attendant.

Address N E Cor Gough & Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...City of Baltimore,

Permit No. 39720

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Durnig Supposed

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 35 *Years,* ..... *Months,* ..... *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Steward of Brig Albon Kelly

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Chases Wharf

Cause of Death, {First (Primary,) ..... Second (Immediate,) Drowned}

Duration of Last Sickness, Sudden Death

The above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial,

Undertaker, P McMullin

Place of Business,

Charles McCosh M. D.
Medical Attendant
Coroner E. Dist

Address 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Diesel

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 1½ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 83 S. Madeira Al

Cause of Death, First, (Primary.) Stomatitis

Second, (Immediate.) Inanition, Convulsions

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, 1st St Paul Cem.

Date of Burial, May 14th

Undertaker, H. Frechlich

Place of Business, 246 Eastern Av

James F. Shaw M. D.
Medical Attendant.

Address, 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[97 A2.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ferdinand Sickart

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Discharged Soldier U. S. Army

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Silesia Prussia

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} 796 west Balt St

Cause of Death, {First (Primary,) Excision of Calcareous Stomach

Second (Immediate,) 1 day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, May 18

Alex Hurley M. D.
Medical ~~Attendant~~.

Undertaker, John Teufel Coroner.

Place of Business, 796 w. Balto. St. *Address* 386 West Hill Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh Dalrymple

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 169 Cherry St

Cause of Death, First, (Primary.) Pneumonitis

Second, (Immediate.) Hemiplegia of the whole left side

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, 18 May 4 O'Clock

Edward P. McDevitt M. D.
Medical Attendant.

Undertaker, Geo. C. Rodenmayer

Place of Business, 38 Eager Street *Address,* 133 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...sh within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-...ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...DLANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Gardner

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, — *Years,* 5 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 114 S. Wolf St.

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,) "

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 18th

Undertaker, M Clarke & Sons

Place of Business, 64 E. Balto St

E. P. Sons M.D.

Medical Attendant.

Address, 406 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Lyslow

Sex, ~~*Male*~~ *or Female,* {Cross out the words not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days*

Color, White,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 45 N. Chapel st.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Exhaustion

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemitry

Date of Burial, May 18th.

Undertaker, M Clarke & Sons

Place of Business, 64 E. Balto St

G. G. Luck M.D.

Medical Attendant.

Address, Balt. & Mad. Sts.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie E. Moore

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number} 4 Stirling St

Cause of Death First, (Primary,) Remitting Fever

Second, (Immediate,) Congestion of Brain

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 18th 1880

S. N. Hunter M. D.
Medical Attendant.

Undertaker, H. C. Nicodemus

Place of Business, 90 Fremont Ave, *Address,* 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3972 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John. R. Bowles.

Sex, Male or Female, {Cross out the word not required in this line.} Male —

Age, Forty four — *Years,* two — *Months,* 26 — *Days.*

Color, White — *Sex,* Married —

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Bank Clerk —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Amherst Co. Va

Duration of Residence in the City of Baltimore, Five months —

Place of Death, {Give street and number.} 281. W. Fayette St

Cause of Death, First (Primary,) Phthisis Pulmonalis —

Second (Immediate,) Asthenia —

Duration of Last Sickness, One Year —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, May 19th 1880

Jacob H. Hartman M. D.
Medical Attendant.

Undertaker, H. Lewis Schaefer

Place of Business, 109 N Fremont St Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Walsh

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* One *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 627 Light St

Cause of Death, First, (Primary,) unknown

Second, (Immediate,) Asthenia

Duration of last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, Balto Co Md

Date of Burial, May 18th 1880

James H. Elmes M. D.

Undertaker, B. Hauck

Place of Business, Light St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by J. E. Secrest [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Virginia Townsend.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Fifteen *Years,* Eight *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 126 E. Inn St.

Cause of Death { First, (Primary,) ... Second, (Immediate,) Consumption.

Duration of last Sickness, Eighteen Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 18th 1880

Undertaker, Fid & Bro.

Place of Business, 54 N. Broadway

Nicholas L. Bashuell M. D.
Medical Attendant.

Address, 207 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Virginia Cooke

~~Sex, Male or Female~~, {cross out the word not required in this line.}

Age, 19 *Years,* 8 *Months,* 8 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number} 323 Light St.

Cause of Death First, (Primary,) Exophthalmic Goitre

Second, (Immediate,) Strangulation

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co Md

Date of Burial, May 19th 1880

Undertaker, Armstrong & Lemmy

Place of Business, 263 Light St

R. H. P. Ellis M. D.
Medical Attendant.

Address, 315 Lyd St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

1792 France

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Whitfield

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 2 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~~Duration of Residence in the City of Baltimore~~

Place of Death, {Give street and number} 228 Dr 8r (Light)

Cause of Death, First, (Primary,) ~~First, (Primary,)~~

Second, (Immediate,) Marasmus

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

I never Prescribed for the child but once or twice for the former

Place of Burial, Mount Olivet

Date of Burial, May 18th 1880

H. B. Toller M. D.
Medical Attendant.

Undertaker, Smith & Lenny

Place of Business, 263 Light St

Address, 17 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Morris

~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 58 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number} University Hospital

Cause of Death First, (Primary,) Aortic Insufficiency

Second, (Immediate,) Embolism of Sylvian artery

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, May 1880

Undertaker, Jas B Cook

Place of Business, No 707 W Baltimore Street

H W E A M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 39733

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

MAY 18 1880

Date of Death, May 15th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. & Washington Dudrow

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Two (2) *Years,* Ten (10) *Months,* Fifteen (15) *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore & Co[unty]

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 234 Eden Street

Cause of Death, First, (Primary.) Tubercular Meningitis

Second, (Immediate.) Marasmus & Eclampsia

Duration of Last Sickness, Three (3) weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, May 19th 1880

Undertaker, Henry Heuse

Place of Business, Central Ave. *Address,* 16 Eager Carroll Street

S. H. Selbrun M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39734

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Powers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Said to be 30 *Years,* *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Rear of 102 S. Spring St

Cause of Death, {First (Primary,) Ulceration of Ileum
Second (Immediate,) Peritonitis}

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial,

Undertaker, P McMullin

Place of Business,

Chas. M. Moffat M. D.
Medical Attendant.

Address Coroner E. Balto St
67 East Balto St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39735

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie May Schleigh

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 7 5 *Years,* — *Months,* — *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number} 132 Orleans St

Cause of Death, First, (Primary.) Bron. Pneumonia

Second, (Immediate,) old age

Duration of last Sickness, 21 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Mathias Cemtry

Date of Burial, May 19th 1880

J. J. Groff M. D.
Medical Attendant.

Undertaker, H. Hohmann

Place of Business, 63 N. Eden St *Address,* 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39736 # 39736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17 May 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johan Janisn

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, — *Years,* 7 *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 120 N. Eden

Cause of Death, {First (Primary,) / Second (Immediate,)} ? Eclampsia

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, St Mathui Cemt

Date of Burial, May 18th 1880.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St

C Hoffman M.D.
Medical Attendant.

Address, 57 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special attention of Physicians is respectfully invited to the

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 17th May 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah J Macaulay

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~—~~ 89 *Years,* 7 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore in ~~—~~ 1790

Duration of Residence in the City of Baltimore, Ninety years

Place of Death, {Give street and number} No 77 Park av

Cause of Death, First, (Primary,) an intermittent attack causing apoplexy

Second, (Immediate,) Apoplexy

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls graveyard

Date of Burial, 19th May 1880

M C VanBibber M. D.
Medical Attendant.

Undertaker, H. W. Jenkins Son

Place of Business, 16 Light St *Address,* H. J. Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gabriel Baker McCartney

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 2 *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 70 Preston St Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number } 70 Preston St

Cause of Death, { First, (Primary,) Premature Birth } certainly not more than 6 months
{ Second, (Immediate,) Non-viable }

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 18th 1880

Edmund Burke M. D.
Medical Attendant.

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St *Address,* 183 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Caroline Schnack

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 24 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, House Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 389 Hanover St

Cause of Death, First, (Primary,) Natural

Second, (Immediate,) Puerperal convulsions

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 19th 1880

Undertaker, Julius Koehler

Place of Business, Sharpe Cross & *Address,* 154 Hanover St

E. K. Wile M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0743.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th at 1:30 o'clock, A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Gaetano Lutherlah

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* 11 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No. 145 Columbia Ave.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} No. 145 Columbia Ave.

Cause of Death, First, (Primary.) Diphtheritic Croup

Second, (Immediate.) ———

Duration of last Sickness, Four (4) days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 19th 1890

Undertaker, W. L. Dill

Place of Business, 183 Columbia ave. *Address,* ———

Dr. Smith, E. Columbia M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 39741

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16th of May 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Berry

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 1 year Months, 3 Mos Days.

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 17 Hulls Lane

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 44 Chestnut St

Cause of Death, First (Primary,) Consumption

Second (Immediate,) "

Duration of Last Sickness, 3 weeks Sick Visit

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 18th 1880

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga St

Richd Lapsley M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Heidrich

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

~~*Age,*~~ 10 *Years,* 9 *Months,* — *Days.*

Color, White

~~*Married,* Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Ever since

Place of Death, {Give street and number} 12 Watson street

Cause of Death, First, (Primary.) Endocarditis (Acute Inflammatory Rheumatism)

Second, (Immediate,) Syncope cordis

Duration of last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 19th

Undertaker, Geo Schilling

Place of Business, Cor Aisquith & Monument

J Mathews M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...D, J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35743

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate F. Anderson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~~ *Years,* 5 *Months,* ~~~ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltr.

Duration of Residence in the City of Baltimore, 5 mo.

Place of Death, {Give street and number.} S. Wolf st. N. 132.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Exhaustion

Duration of Last Sickness, 5 wks but have only attended 1 day.

All the above information should be furnished by the Physician.

Place of Burial, St. Paulus Cemetery

Date of Burial, May 19th 1880

Undertaker, L. Ritz.

Place of Business, Nro 129½ S. Broadway.

Dr. C. M. Schuster M. D.
Medical Attendant.

Address S.W. cor. Wolf st & Canton ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Rule of Duties of Board of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Davis

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 28 Carlton st

Cause of Death, First, (Primary.) Pertussis

Second, (Immediate.) Convulsions

Duration of last Sickness, About 1 week

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, May 18 1880

Undertaker, Wilbur Dorsey

Place of Business, No 62 East Street

H Darling M. D.
Medical Attendant.

Address, 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the dnty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

Permit No. 39745

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Frances Hartman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 9 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 170 S. Madison Av.

Cause of Death, First, (Primary,) Whooping Cough

Second, (Immediate,) Capillary Bronchitis

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, 1st St Paul ~~Cem~~

Date of Burial, May 19th

Undertaker, H. Frechlich

Place of Business, 246 Eastern Av

James A. McShane M. D.
Medical Attendant.

Address, 61 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th, 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Rayson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 23 *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth,

Place of Death, {Give street and number} 93 Thames St.

Cause of Death First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,)

Duration of last Sickness, five months.

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsis Cimty

Date of Burial, May 19th.

Undertaker, H. Froelich

Place of Business, 216 Exeter St

Aug. H. Esch M. D.
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 80

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Joseph Corcoran

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 2 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} # 94 S Exeter St

Cause of Death { First, (Primary,) M Enteritis
Second, (Immediate,) —

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 18 1880

Undertaker, Jas E Byrne

Place of Business, 63 Hanover St

J Olmedd M. D.
Medical Attendant.

Address, —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18th May 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A. Ruth

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} Buck St near Monument

Cause of Death { First, (Primary.) Indigestion / Second, (Immediate.) Convulsions

Duration of last Sickness, About a day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, May 19th '80

Milton A Taylor M. D.
Medical Attendant.

Undertaker, M. Francis

Place of Business, 280 Canton Ave. *Address,* Boundary & McElderry Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Kimmel

Sex, Male or Female, {cross out the word not required in this line.}

Age, 66 *Years,* ... *Months,* ... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baden Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 99 Camden st

Cause of Death {First, (Primary,) Paralysis Organic disease
Second, (Immediate,) of the Heart

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, N Methodist Cem

Date of Burial, May 19th

Undertaker, Henry Zander

Place of Business, 252 Camden st

E. E. Beck M. D.
Medical Attendant.

Coroner

Address, 101 Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 86

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Richie Jorge

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 25 *Years,* 11 *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Pennsylvania

Duration of Residence in the City of Baltimore, 3 months

Place of Death, { Give street and number } Cor Druid & Sharpe Sts

Cause of Death { First, (Primary.) Tuberculosis

Second, (Immediate,) —

Duration of last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, 19 May 1886

J. H. Crim M. D.
Medical Attendant.

Undertaker, E. Schleiman

Place of Business, 6 L Pleasant St *Address,* 85 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.}

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39751

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May ~~June~~ 18 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Hohman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 6 — *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——— —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 39 Chase street

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 181 Preston

Cause of Death, First (Primary,) Pulmonary Meningitis

Second (Immediate,) " Consumption

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus C. C. B. Gamble M. D.

Date of Burial, May 19 1880 Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, 309 E. Eutaw St Address 108 Caldwell

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 33752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John L Young

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Four *Years,* Seven *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co Md,

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} No 296 Hamburg St

Cause of Death, First, (Primary,) Sudden Changes of Temperature

Second, (Immediate,) Spinal Meningitis

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Lamb Cemy

Date of Burial, May 18th 1880

Undertaker, [illegible]

Place of Business, [illegible]

J. L. Yates M. D.
Medical Attendant.

Address, 146 Hill St
[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39753.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 13 1880 BALTIMORE

Date of Death, May 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edna Genene Knight

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 8 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} N.E. cor Bank & Exeter Sts

Cause of Death, First (Primary,) Diarrhea

Second (Immediate,) Cachexia

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, May 12th 1880

Undertaker, J. F. Byrne

Place of Business, N Front St

Wm H Siffenderfen M. D.
Medical Attendant.

Address 2 High St Hill

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rules [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39754

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19. 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 18th May 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Higgins

~~*Sex, Male or Female,*~~ { cross out the word not required in this line. }

Age, 3 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 9 Church St.

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate.) Emphysema Lungs

Duration of last Sickness, 15 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Rood

Date of Burial, May 19th 80

Undertaker, Timmons & Dem

Place of Business, 20 E. Lexington

Augustus W. Dodge M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39755

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie V. Fines

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 25 *Years,* ..... *Months,* ..... *Days.*

Color,

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 29 Abbott St

Cause of Death, First, (Primary.) Tubercular Consumption

Second, (Immediate.)

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 19 1880

Undertaker, Geo. Schilling

Place of Business,

Wm. L. Russell M. D.
Medical Attendant.

Address, Broadway & Fredrick St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 19 1880 BALTIMORE

Date of Death, May 18 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carline Hignet

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 55 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} Union Protestant Infirmary

Cause of Death, First, (Primary.) Q.

Second, (Immediate.) Congestion of Brain

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 19/ 80

Undertaker, Wm H. Feickmann

Place of Business, No 234 N. Gay

O. C. Williams M. D.
Medical Attendant.

Address, 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18/880 = 1145 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Eldener

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 14 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 93 E. Lombard St

Cause of Death {First, (Primary,) Inanition is in last stages of consumption.
Second, (Immediate,) Genl Adynamia
During Period that natural life

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 19 1880

Undertaker, J. H. Keating

Place of Business, 97 Orleans St

A Ehrenfeld M. D.
Medical Attendant.

Address, 11 S. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*. to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. James

Sex, ~~Male~~ *Female,* { cross out the word not required in this line. }

Age, ~~—~~ *Years,* 4 *Months,* ~~—~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 53 N. Dallas St

Cause of Death, { First, (Primary,) Artificial Nursing / Second, (Immediate,) Marasmus

Duration of last Sickness, all its Life pump to delicate

All the above information should be furnished by the Physician.

Place of Burial, Eastern Public

Date of Burial, May 19th 1880

Undertaker, Pat Mullin

Place of Business, ~~—~~

James A Steuart M. D.

Address, Commissioners of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd - J. P. Smith

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 19 1880 BALTIMORE

Date of Death, 18th. May 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elise Bowes.

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give street and number} N. Chapel Street 67.

Cause of Death, First, (Primary.) Tabes mesenterica

Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 19th 1880

Undertaker, H. H. Gilmanyer

Place of Business, 341 Canton Ave

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe Street 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18 — 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lowman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 1 yrs.

Place of Death, {Give street and number} 452 Lyt ave

Cause of Death {First, (Primary,) Typhoid Pneumonia

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, A. A. Co Md

Date of Burial, May 19

Undertaker, S. Harle

Place of Business, N 411 Light Street

R H P Coles M. D.
Medical Attendant.

Address, 315 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ial Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 19 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Eckenbach

Sex, ~~Male~~ or Female, {erase out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

~~Color~~,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About 20 Years

Place of Death, {Give street and number} No 491 Aisquith St

Cause of Death, First, (Primary.) Cancer Uterus

Second, (Immediate.)

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Londer Park.

Date of Burial, May 21st

Undertaker, John H Wenck & Co.

Place of Business, Home

A. M. White, M. D.
Medical Attendant.

Address, 341 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. BRILEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 18th May 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Matilda Barry

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, ~~Years~~, ~~Months~~, 14 *Days.*

Color ed *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 55 Pleasant St.

Cause of Death, { First (Primary,) Inanition. (8 mo. infant)
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, May 19th 1880

{ *Undertaker,* C. C. Jones
{ *Place of Business,* 65. Park Ave.

Address Park Ave & Mulberry St

Jno. S. [illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39763

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 17th 80

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia L Adams

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* 10 *Months,* *Days.*

Color, Mulatto *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philada Pa

Duration of Residence in the City of Baltimore, 6 Yrs.

Place of Death, {Give street and number.} 334 N Howard

Cause of Death, { First (Primary,) Scrofula

Second (Immediate,)

Duration of Last Sickness, 10 mo

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 19th 1880

{ *Undertaker,* W. H. Bishop Jr.

{ *Place of Business,* 97 Druid Hill Ave.

Wm Kemp M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Roberts Rodney

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Years, Nine Months, Days.

Color, Colored.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Queen's Anne County, Maryland

Duration of Residence in the City of Baltimore, Seven Months

Place of Death, {Give street and number} 211 S. Bethel st.

Cause of Death { First, (Primary,) Convulsions. Second, (Immediate,) Ten hours.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallis st Cemetery

Date of Burial, May 19. 1880

Undertaker, Theodore J. Locke

Place of Business, 73 Jefferson st

Nicholas L. Dashiell M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mee

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ___ *Years,* 8 *Months,* ___ *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ___

Occupation, ___

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number} 185 Constitution St

Cause of Death { First, (Primary,) ___ Second, (Immediate,) Morning Sickness

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 19 May 4 Oclock PM

S. N. Hunter M. D.
Medical Attendant.

Undertaker, Geo. C. Rodenmayer

Place of Business, 38 Exeter St. *Address,* 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 19 1880

Date of Death, May 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Kenlan

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ——

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 214 Scott St

Cause of Death { First, (Primary,) Natural

Second, (Immediate,) Pneumonia Hæmorrhagic

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 20th 80

Jno D Blair M. D.
Medical Attendant.

Undertaker, P. C. Dyer

Place of Business, 163 Columbia ave *Address,* 168 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gebhardt

Sex, Male or Female, {cross out the word not required in this line.} male

Age, — *Years,* 14 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 176 S. Ann St.

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 20 '80

Undertaker, Henry Sander

Place of Business,

A. B. Arnold M. D.
Medical Attendant.

Address, 7 S. Wolfe

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20, 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas S Evans

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 65 *Years,* *Months,* *Days.*

Color, W *Sex,* M

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Builder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 211 N. Howard St

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Exhaustion

Duration of Last Sickness, Two weeks - Since last attack

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Nine years of ond heath

Date of Burial, 21st May 1880

Undertaker, H W Denkinson Son

Place of Business, 16 Light St.

Richard M Sherry M. D.
Medical Attendant.

Address 189 N Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stanley Adreon

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 9 *Years,* 11 *Months,* 13 *Days.*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Lifttime

Place of Death, {Give street and number} 620 W. Lexington St

Cause of Death {First, (Primary.) Peritonitis

Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, May 20/80

{*Undertaker,* Denny & Mitchell

Place of Business, 550 W. Baltimore St. *Address,* Wm. Tenney

Geo. H. Lipsitz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 39770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kattie B. Jones

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, One Year, Eight Months, Few Days.

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 93 Stirling Street

Cause of Death, First (Primary,) Pneumonitis

Second (Immediate,)

Duration of Last Sickness, about 4 days

All the above information should be furnished by the Physician.

Place of Burial, May 20. 1880

Date of Burial, Laurel Cemetery

{*Undertaker,* Wilson & Bridges

Place of Business, 62 East St

L. D. Whiteford M.D.
Medical Attendant.

Address 93 Stirling Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Rogers

Sex, Male or Female, {cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Waterford (Ireland)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor, St. John and Paca Sts

Cause of Death { First, (Primary,) Bronchitis
Second, (Immediate,)

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 20th 1880

Undertaker, Henry Shelton

Place of Business,

Jno. Brooks Boyle M. D.
Medical Attendant.

Address, 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE MAY 20 1880 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha L. Newton.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 85 Barre St.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Meningitis 1 day.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 21st 1880.

Undertaker, John Mackey

Place of Business, No 150 Camden St.

R. J. McTall, M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

mit No. 39773 OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 20 1880 BALTIMORE

Date of Death, May 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bayard Diven

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, ——— *Years,* Five (5) *Months,* Four (4) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 92. Edmondson Ave. Baltimore City. Md.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) —

Duration of Last Sickness, Five days (5)

All the above information should be furnished by the Physician.

Place of Burial, Lauder Park Cemetery

Date of Burial, May 20th 1880

Undertaker, Jos. B. Cook

Place of Business, No 207 N. Baltimore Street

Wm. McNickerson M. D.
Medical Attendant.

Address 164. N. Arlington Ave. Near Franklin Balto. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATI...

Permit No. 39774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} L M Duvall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* 3 *Months,* *Days.*

Color, *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 75 Caroline St

Cause of Death, First (Primary,) Epileptic Convulsions

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery D S Mahon M. D.

Date of Burial, May 21 1880 Medical Attendant.

Undertaker, Fry Bro

Place of Business, 104 Broadway *Address* No 132 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 39775

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th May

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine A. Schaun

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 56 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } No 1 Armistead Lane

Cause of Death { First, (Primary,) ..... Second, (Immediate,) } Haematuria

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 22 1880

Undertaker, Armstrong & Sons

Place of Business, 263 Light St

J. C. Burch M. D.
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 39776

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Gustow

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Eleven Months, Eleven Days.

Color, White *Sex,* Male

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 396 Hanover St

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} No 451 N. Fremont St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 20th 1880

Undertaker, Wm. E. Chenoweth

Place of Business, 336 Penna ave

B. W. Herman M. D.

Medical Attendant.

Address 175 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 39777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Martin

Sex, Male or Female, {cross out the word not required in this line.}

Age, 8 (Eight) *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 204 E. Chase St.

Cause of Death {First, (Primary,) Rheumatism

Second, (Immediate,) Rheumatic Pericarditis

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, May 20th

Jno. Rooke Boyle M. D.
Medical Attendant.

Undertaker, H. C. Weisfeld

Place of Business, 90 Greenmount Ave. *Address,* 106 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39778

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 5th Mo. 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Broderick

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 83 Years, ____ Months, ____ Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Retired

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give street and number} 367 Druid Hill Avenue

Cause of Death, First, (Primary.) Bronchitis

Second, (Immediate,) 5 days

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Gravestown

Date of Burial, May 21st

Wm Riley M. D.
Medical Attendant.

Undertaker, H. A. Weedefeld

Place of Business, Ja Grammont Address, 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Wigley.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 62 *Years,* 9 6 *Months,* *Days.*

Color, White. *Sex,* Male -

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Plasterer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 181 Argyle Ave.

Cause of Death, First (Primary,) Lithotomy. Second (Immediate,) Shock.

Duration of Last Sickness, Unknown. Probably since 1872.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, May 21st 1880

Undertaker, Wm Wearn

Place of Business, 202 N Eutaw St

C. H. Brown M. D.
Medical Attendant.

Address 241 Linden Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA...

Permit No. 39780

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Sanders

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Dark *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kent Island Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Balto. City Jail

Cause of Death, First (Primary,) Chronic Inflamation of bowels Ulceration & Deformation

Second (Immediate,)

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, E. Bal. Cemetery

Date of Burial, May 20 1880

Undertaker, Pat Mullin

Place of Business,

D. P. Hoffman M. D.
Medical Attendant.

Address 279 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimor

Permit No. 39781

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 20 1920

Date of Death, May 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Yelverton Catlett

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, 14 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 142 W Lexington St

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number} 14 S. Green St

Cause of Death First, (Primary,) Malignant Diphtheria

Second, (Immediate,) 3 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 21st 1880

Undertaker, Wm Mackey

Place of Business, Fox & Dawson

Jos. E Blayette M. D.
Medical Attendant.

Address, 185 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below. [illegible]

Board of Health, City of Baltimore,

Permit No. 39782

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Anderson Mother

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~[illegible]~~ *Years,* ~~[illegible]~~ *Months,* 8 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 9 Rope walk alley

Cause of Death, First, (Primary,) Chronic Nutrition

Second, (Immediate,) Exhaustion

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, May 20 1880

Undertaker, Fred'k A. Kershner

Place of Business,

James A. Steuart M. D.

~~Medical Attendant~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John E. Deardurff

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Reverse Side

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Fullerton Wylie.

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 83 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, ~~Single~~, Widow *~~or Widower~~,* {Cross out the word not required in this line.}

Occupation, ~~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland - 65 years in U.S. 60 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 389 Saratoga

Cause of Death, {First, (Primary,) old age & exhaustion / Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cy

Date of Burial, May 24 Pd

H Boyd Wylie M. D.
Medical Attendant.

Undertaker, Chas. H. Manuel

Place of Business, 35 Park Ave *Address,* Townsend & Fayette ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Adams

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~~ *Years,* 11 *Months,* 3 *Days.*

Color, Col ~~~

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 59 S. Stockton alley between Lombard & Pratt Sts

Cause of Death, First, (Primary,) Exhaustion

Second, (Immediate,) Convulsions

Duration of last Sickness, ~~~

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 20th 1880

Undertaker, W. H. Dennis

Place of Business, East St

Address, Comm of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by - J. E. Dunning

(over.)

J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Scherer.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 4 Years, *Months,* *Days.* 1

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} N.E. Cor Calhoun St. & Patterson Ave Ho Pertussis.

Cause of Death First, (Primary,) Pneumonitis.

Second, (Immediate,) two months.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Emanuel Cemetery

Date of Burial, May 20th

Undertaker, H. Frechlich

Place of Business, 246 Eastern Ave

P. J. McFall M. D.
Medical Attendant.

Address, 152 Shirley St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. L. Dishman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} Carrollton Hotel

Cause of Death { First, (Primary,) Acute Rheumatism
Second, (Immediate,) with Endocarditis

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Kingsessing Co Va

Date of Burial, May 23/80

Edwd. F. Mitchell M. D.
Medical Attendant.

Undertaker, Stirling Mears

Place of Business, 35 Park Ave *Address,* 279 W. Lombard

1775 Travers

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 20, 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia of John Londenberger Parents

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 236 S. Dallas St

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) Inanition

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cem'y

Date of Burial, May 21 1880

James H. Clemm M. D.
Medical Attendant.

Undertaker, H. Saunder

Place of Business, Alexana

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by Chas E. Taylor

[OVER.]

J. C. DURANT & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 20 1880 BALTIMORE

Date of Death, May 18th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amanda A. Brooks

Sex, Male or Female, {cross out the word not required in this line.}

Age, 34 *Years,* 7 *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kent Island Md

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number} Back of 12 Reese Alley

Cause of Death First, (Primary.) Prostration from Inanition, a period of Months

Second, (Immediate,) Apoplexy

Duration of last Sickness,

All the above information should be furnished by the Physician. Had No Attending Physician

Place of Burial, W. Pebble Cemetery

Date of Burial, May 20 1880

Undertaker, Fred A. Kercheval

Place of Business, ~~~

Coroner M. D.

Medical Attendant.

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Estep

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, *Years,* 2 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City adjoining

Duration of Residence in the City of Baltimore, about two months

Place of Death, {Give street and number} 40 Cohens alley

Cause of Death First, (Primary,) weakness general

Second, (Immediate,) Marasmus

Duration of last Sickness, this entire life

All the above information should be furnished by the Physician.

Place of Burial, ~~Green Mt~~ St Peters Cemetery

Date of Burial, May 19/80

Undertaker, Fred A Kerchner

Place of Business, 50 Hamilton Ave *Address,* 64 N Paca St

Hammond & McMillan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39790

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Herberick

Sex, Male or Female, { cross out the word not required in this line. } F.

Age, 80 *Years,* *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } M.

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, { Give street and number } Fairmount Gwynn's Falls Sc

Cause of Death { First, (Primary,) General Debility

Second, (Immediate,)

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, May 21st 80

H. L. Reinecke M. D.
Medical Attendant.

Undertaker, Mt France

Place of Business, 280 Canton Ave

Address, Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wesley Lush

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 101 Linn St Alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 20. 1880

Undertaker, Abraham Raymond.

Place of Business, 3 Saratoga

John H Conner M. D.
Medical Attendant.

Address 14 Fisquilla St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Horsey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, Colored *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number.} Cairo st near Calhoun st

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Hemorrhage

Duration of Last Sickness, Three Years

All the above information should be furnished by the Physician.

Place of Burial, Newton Worchester Co. Harvey Hill M. D.
Medical Attendant.

Date of Burial, May 21st 1880.

Undertaker, Jacob Germroth

Place of Business, 244 Lexington Street *Address* 119 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit Permit No 1776

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39793

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oscar M. Parlett

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* / *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 11 S. Strieker St.

Cause of Death, First, (Primary,) Congestion of Brain

Second, (Immediate,) Convulsions

Duration of last Sickness, Four hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 21st 1880

Undertaker, J. H. Kennard & Co

Place of Business, 782 W. Pratt *Address,* 5 S. Wodzyth St

John Keller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 21. 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20 Th. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml. J. Hall

Sex, Male or Female, {cross out the word not required in this line.}

Age, 72 *Years,* 5 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Butcher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore, 47 yrs

Place of Death, {Give street and number} 318 N. Bond St

Cause of Death { First, (Primary,) Spinal Meningitis
Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 22 May 10 Oclock

Wm. B. Billingslea M. D.
Medical Attendant.

Undertaker, George C Rodenmayer

Place of Business, 38 East Monument *Address,* Harford Ave & Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May. 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Evenel

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* 24 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} ~~Brook~~ 57 Dunkin Al.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

Duration of last Sickness, Nine Months

All the above information should be furnished by the Physician.

Place of Burial, M E Burial Ground Philada. Road

Date of Burial, May 21/80

Undertaker, Fry & Sons

Place of Business, 54 & Broadway

G. G. Luck M. D.
Medical Attendant.

Address, Balt. & Read. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 21 BALTIMORE

Date of Death, May 19th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathaniel Durand Jr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* 9 *Months,* ——— *Days.*

Color, Colored *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——— Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 32 Little Monument St

Cause of Death, {First (Primary,) Phthisis Pulmonalis

Second (Immediate,) ———

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary Thomas Sappington M. D.

Medical Attendant.

Date of Burial, May 27.

Undertaker, Charles S Wade

Place of Business, 1035 Druid Hill Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 21 1880 BALTIMORE

Date of Death, May 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph William Estes

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 11 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 83 Harmony Lane

Cause of Death { First, (Primary,) Meningitis
Second, (Immediate,) 10 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 21 1880

Undertaker, S W Chase

Place of Business, No 198 Forward

J Dimmitt Norris M. D.
Medical Attendant.

Address, # 552 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 39798

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Hafpke

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} F.

Age, ——— *Years,* 3 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 129 Wash St

Cause of Death, First, (Primary.)

Second, (Immediate.) Meningitis (Cerebral)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 21 1880

Undertaker, Philip J. Doll

Place of Business, 183 Columbia Ave

Thomas Coale M.D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20 '12 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Rankle

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 62. *Years,* 9 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, About 20 yrs

Place of Death, { Give street and number } 19 N. Arlington Ave

Cause of Death, { First, (Primary,) Apoplexy.

Second, (Immediate,)

Duration of last Sickness, About 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 21. 1880

Undertaker, Philip J. Dill

Place of Business, 183 Columbia

A. H. Sanders M. D.
Medical Attendant.

Address, S-43 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89800

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21 - 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis G. Shannon

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 36 *Years,* *Months,* *Days.*

Color, White -

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Engineer & Machinist

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City -

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 239 N. Wolfe St -

Cause of Death, First, (Primary,) Burns & other Injuries by explosion of Bomb Shell

Second, (Immediate,) Erysipelas & Meningitis

Duration of last Sickness, 10 Days -

All the above information should be furnished by the Physician.

Place of Burial, Bolte cemetery

Date of Burial, May 22nd 1880

William G. Russell M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 658 Broadway *Address,* Broadway Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 39801

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Janet Round Morris

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Male

Age, 29 *Years,* 11 *Months,* 4 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 137 N Charles St.

Cause of Death, {First (Primary,) Cirrhosis of Liver

Second (Immediate,)

Duration of Last Sickness, 4 Month

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cem.

Date of Burial, May 22nd 1880

{*Undertaker,* H. W. Jenkins & Son

Place of Business, 16 Light st.

Ryjn Buckler M.D.
Medical Attendant.

Address 135 N Charles St.

MAY 21 1880 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39802

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21 — 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Borden

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B[illegible] C[illegible]

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number} 157 William at

Cause of Death { First, (Primary,) Laryngismus Stridulus.
, Second, (Immediate,) Convulsions Suffocation.

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, May 22/80

Undertaker, Fry & Bro

Place of Business, 54 to Broadway

[illegible] M. D.
Medical Attendant.

Address, 316 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39803

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} .....

Sex, Male or Female, {cross out the word not required in this line.} .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} .....

Cause of Death, {First, (Primary.) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, May 21st 1880

..... M. D.
Medical Attendant.

Undertaker, H E M Gilmeyer

Place of Business, 341 Canton Ave. *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 21 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20. 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. O'Brien,

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 608 Dunkin St.

Cause of Death { First, (Primary,) Catarrhal Pneumonia
Second, (Immediate,) Meningitis

Duration of last Sickness, Eight days

All the above Information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem.

Date of Burial, May 20th 1890

{ *Undertaker,* H. H. Dilmeyer
Place of Business, 244 Eastern Av.

John L. Gadsby M. D.
per G. E. Cook
Medical Attendant.

Address, Balt. & Hanl. Rd.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 19th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Bogelman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* 6 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single,

Occupation, Maid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bugin, Norway,

Duration of Residence in the City of Baltimore, 2 Years.

Place of Death, {Give street and number.} 117 Thames St.

Cause of Death, First (Primary,) Terribly burned from an explosion of Oil.

Second (Immediate,) Pyaemia.

Duration of Last Sickness, Eleven days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 21. 1880

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

C. M. Sullivan, M. D.
Medical Attendant.

Address 116 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39806

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 21 1880 BALTIMORE

Date of Death, May 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Brack

Sex, Male or Female, {cross out the word not required in this line.}

Age, 10 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and if belong in the United States, if of foreign birth.} Baltimore

[illegible]on of Residence in the City of Baltimore, Upper Town

Place of Death, {Give street and number} 287 E. Lombard st

Cause of Death, First, (Primary.) Typhoid Adynamia

Second, (Immediate,) Suppuratio cerebri; Pneumonitis, Collapsus

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 22

Undertaker, W. Eppel

Place of Business, S Bond 137

J. Thos Thiele M. D.
Medical Attendant

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 25 1889 BALTIMORE

Date of Death, May 20th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lowee

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Said to be 50 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Basket maker

Birthplace, {State or country (and how long in the United States, if of foreign birth.)}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 1815 Bond St

Cause of Death, {First (Primary,) ..... Second (Immediate,) Intemperance

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Cedar Grove

Date of Burial, May 20

Undertaker, H Duppel

Place of Business, 157 S Bond

Chas M. Morfit M.D.
Medical Attendant.

Address 67 E. Balto St. Coroner E. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39808

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20 May 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* about *Months,* 10 weeks *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, Institution 6 days

Place of Death, {Give street and number} St. Vincents Infant Asylum

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 22. 1880

Undertaker, Jas Brannigan

Place of Business, 56 Division St.

Thomas Brewer *M. D.*
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 20 May 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* About 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, Institution 4 days

Place of Death, {Give street and number} St Vincent Infant. Asylum

Cause of Death {First, (Primary,) Opium Narcotization

Second, (Immediate,)

Duration of last Sickness, from Reception

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 22. 1880

Undertaker, Jos Brannigan

Place of Business, 56 Division St.

Martin Brewer **M. D.**
Medical Attendant.

Address, 68 Mc Culloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21 st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Kohlhepp

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, Sixty four *Years,* Six *Months,* Fifteen *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty four years

Place of Death, {Give street and number} 196 North Carolina St

Cause of Death {First, (Primary,) Feeble constitution

Second, (Immediate,) General exhaustion

Duration of last Sickness, About four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 24th 1880

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Milton A. Taylor M. D.
Medical Attendant.

Address, Broadway & Mac Elderry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE

Date of Death, May 20 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George. E. Monier

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Dentist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Connecticut

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 26 N. Eutaw St

Cause of Death, First (Primary,) "Visceral Inv." "Cause unknown" – Coma

Second (Immediate,) Fracture" "Apoplexy" Insufficient

Duration of Last Sickness, 1 hour.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 23d

Undertaker, J. W. Wearn

Place of Business, 129 N. Paca St.

Alexander Tinsley M. D.

~~Medical Attendant~~ Coroner.

Address 386 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Sophia [redacted] Franke

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 4 *Years,* 9 *Months,* 27 *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 431. N. Pratt. St.

Cause of Death { First, (Primary,) Scarlet Fever.
Second, (Immediate,)

Duration of last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Saturday, May 22

Undertaker, Mich Smith

Place of Business, ~~263 East st~~

R. L. N. Tall, M. D.
Medical Attendant.

Address, 152 Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39813

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa E. Seeger

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.} Female

Age, One *Years,* 2 *Months,* — No *Days.*

Color, White

~~*Married,* *Single,* *Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 186 L. Wolf st

Cause of Death { First, (Primary,) Tuberculor Meningitis / Second, (Immediate,) Paralysis, Two Weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Paul cemetary

Date of Burial, May 21. st

Undertaker, L. Ritz

Place of Business, 129½ S. Broadway

Thomas R. Evans M. D.
Medical Attendant.

Address, 92 Jackson Place

MAY 21 1880 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Timothy Newman

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ____ *Years,* Three *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number} 47 Aisquith St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) ____

Duration of last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 2nd 1880

Undertaker, Jas Payne

Place of Business, 63 Fremont St

A P Pleasants M. D.
Medical Attendant.

Address 137 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josefah Renarzeki

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 5 *Years,* 3 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 61 Thames st.

Cause of Death First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, May 22d '80

Undertaker, M. Frazer

Place of Business, 280 Canton Ave

P. G. Dawes M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 39816

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Wicka

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 2 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, a Four weeks

Place of Death, {Give street and number.} 52 Lancaster St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Asthenia

Duration of Last Sickness, Three (3) days

All the above information should be furnished by the Physician.

Place of Burial, H Mt Hebron Cem

Date of Burial, May 22nd 80

Undertaker, Wm. Franck

Place of Business, 281 Canton

G. L. Mattison M.D.,
Medical Attendant.

Address, 1112 Broadway

HEALTH DEPARTMENT MAY 21 1880 BALTIMORE

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Adam Schneider

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ____ *Years,* Seven *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No. 85 N. Bond Stret

Cause of Death, First, (Primary.) ____ Second, (Immediate,) Consumption

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bell Cemetery

Date of Burial, May 22nd 1880

Undertaker, H. Schultheis

Place of Business, 261 E. Monument St.

Wm H Chambers M. D.
Medical Attendant.

Address, No 102 N Broadway

HEALTH DEPT. MAY 21 1880 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39818

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 21 1880 BALTIMORE

Date of Death, May 21st. 1880 - 8 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bauer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 28 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Trade

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 28 Years

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number} 492 Caroline Ave.

Cause of Death, First, (Primary.) Asthma

Second, (Immediate.) Old Age

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet *Signed* Thomas C. Thomas M. D.

Date of Burial, May 23 - 1880 Medical Attendant.

Undertaker, Wm. Snider *Address,* 996 Baltimore

Place of Business, 252 Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly filled~~ out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21st 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher Charles Leichtaler.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Twenty Two *Years,* one *Months,* *Days.*

Color, White,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Grocer,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County Md.

Duration of Residence in the City of Baltimore, Four years.

Place of Death, {Give street and number} Corner Boston & Elliott Sts. (Canton)

Cause of Death { First, (Primary,) Second, (Immediate,) } Typhoid Fever. Two weeks,

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 23rd 1880

Undertaker, Henry Sander

Place of Business, 252 Canton Ave *Address,* 207 S. Broadway.

Nicholas L. Bashill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 39820

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Siegly

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Nine (9) Months, Nine (9) Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } S.E. Corner Canal & Wolfe Sts

Cause of Death, First, (Primary.) Gastro Enteritis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Nine (9) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 21 1880

Undertaker, Henry Hoak

Place of Business, 309 Central Ave

Fred Lurman M.D.,
Medical Attendant.

Address, S.E. Corner Canal & Wolfe Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39821

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Jones

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 4 *Years,* —— *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number} 61 Stricker Alley

Cause of Death, First, (Primary,) Phthisis Pulmonary —

Second, (Immediate,)

Duration of last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Second Cemetery

Date of Burial, May 21 1880

Undertaker, William Abers

Place of Business, No 62 East Bltmr

J A Miller M. D.
Medical Attendant.

Address, 89 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39822

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22, 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21st 1880,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina F. Dankmeyer

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Forty three *Years,* six *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} N. Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number} # 905 W. Baltimore St

Cause of Death {First, (Primary,)} Malarial Rheumatism

{Second, (Immediate,)} Rheumatism of Heart

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Garrison Luthrin Dundalk

Date of Burial, May 23d 1880

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St *Address,* 584 W. Fayette St

J. G. Smithcum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39823

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Evans

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 82 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 8 N Bruce St

Cause of Death First, (Primary,) Pulmonary tuberculosis

Second, (Immediate,) Consumption

Duration of last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, May 23 1880

Undertaker, William Monroe

Place of Business, No 62 East St

W. G. Requier M. D.
Medical Attendant.

Address, Mt Fayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health,

Permit No. 39824

The Physician who attended any person in a last illness is ... to the Undertaker or other person superintending the burial, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 21 "

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hardy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Days.

Age, 28 Years, Months,

Color, Colored

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Ball Hand

Birthplace, {State or country, (and how long in the United States if of foreign birth.} 11 years

Duration of Residence in the City of Baltimore, Raborg St - near Carrollton ave

Place of Death, {Give street and number} Tuberculosis

Cause of Death, {First, (Primary.) Pulmonary

Second, (Immediate,)

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem. J. Thos. Kitchen M. D.

Date of Burial, May 22 1880

Undertaker, Wm. Duncan Address, Commissioner of Health

Place of Business, East St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate ... as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the ... and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examd by - Geo E. Brown

... Printers and Stationers.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39825

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Virginia Hackett

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* Nine *Months,* Nine *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 12 Union Street

Cause of Death { First, (Primary,) Phthisis
Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 22nd

Undertaker, D. Wiegand

Place of Business, 166 Druid Hill Ave

H. S Bowie M. D.
Medical Attendant.

Address, Northern Liberties

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Griffin

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 16 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 19 S Bond St

Cause of Death First, (Primary,) Congestion of Brain

Second, (Immediate,) Convulsions

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 23

Undertaker, F H Cook

Place of Business, 707 W Baltimore St

W H Taylor M. D.
Medical Attendant.

Address, W H Taylor 1 Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Adam Schilling

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 38 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Saloon Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} 99 Pennsylvania Ave

Cause of Death, First, (Primary,) Heart Disease — Dropsy

Second, (Immediate,)

Duration of last Sickness, Death Sudden

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 23d

Undertaker, H. Miller

Place of Business, 86 E. Baltimore St

J. G. Kellett M. D.
Medical Attendant.

Address, 89 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39828

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday May 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Funnebaugh

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 22 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 158 E. Monument St

Cause of Death, First, (Primary,) Puerpal Mania

Second, (Immediate,) Exhaustion

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 23/1880

Undertaker, Wm H Hukman

Place of Business, 1234 Gay St

Wilmer Brinton M. D.
Medical Attendant.

Address, 257½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39829

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Wheat

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 92 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kent County Maryland

Duration of Residence in the City of Baltimore, About Sixty years,

Place of Death, {Give street and number} 335 N. Eden St.

Cause of Death First, (Primary,) Old age & exhaustion

Second, (Immediate,)

Duration of last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemet.

Date of Burial May 23 / 1880

Undertaker, Wm H. Hickman

Place of Business, 1023 N. Gay St

John Morris M. D.
Medical Attendant.

Address, 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

To Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lepp

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 80 *Years,* 11 *Months,* 11 *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carroll Co. Md

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and number} 42 N Paca St

Cause of Death, First, (Primary.) Asthenia debility

Second, (Immediate,) Paralysis Vagi

Duration of last Sickness, 4 or 5 days.

All the above information should be furnished by the Physician.

Place of Burial, New Windsor Carroll Co

Date of Burial, May 23/80

Undertaker, Leopold & Klemm

Place of Business, 35 Hanover

Jammond Mc Mullen M. D.
Medical Attendant.

Address, 44 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1777

[OVER.]

...Special Attention of ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39831

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Thomas MD

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 58 *Years,* 5 *Months,* 22 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Physician (retired)

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 83 Monument st

Cause of Death, {First, (Primary,) Blood poison

Second, (Immediate,) Embolism

Duration of last Sickness, a few months, found dead in bed.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, May 23/80

Undertaker, Fenwick & Hearn

Place of Business, #35 Park Av

James A Steuart M. D.
Medical Attendant.

Address, 93 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22nd of May 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George G. Hoffman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 63 S. Arlington Ave

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 63 S. Arlington Ave

Cause of Death { First, (Primary,) ... Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 16 Hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 23rd May

Undertaker, ~~Saml~~ Leonard & Co

Place of Business, 782 W. Balto. St *Address,* 187 Hollins St

P. V. Benson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39833

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret P. McElderry

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* 1 *Months,* 19 *Days.*

Color, White *Sex,*

~~Married~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} No 151 St Paul St

Cause of Death, First (Primary,) Senile Decay.

Second (Immediate,) General decline from old age

Duration of Last Sickness, about 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 23rd May 1880

Undertaker, H. H. Jenkins & Son

Place of Business, 16 Light St

Wm. H. Stokes M. D.
Medical Attendant.

Address 141 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39834

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucinda Jackson

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days.*

Color, Black *Sex,* female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, child

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 1 yr & 1 month

Place of Death, {Give street and number.} 8 Bunkers Court near Shafer St

Cause of Death, First (Primary,) Gastritis.

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Spanish Cemetery~~ Eastern Public

Date of Burial, May 23rd 1880

A. Attinson M. D.

Medical Attendant.

Undertaker, ~~H. J. C. Ayr~~ R. Muller

Place of Business, 65 Smithsy 21 *Address* 69 N. Chas St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 29835 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 21/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Pott

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 102 S. Duncan Alley

Cause of Death, First, (Primary.) Infantile convulsions

Second, (Immediate.)

Duration of Last Sickness, 24 hrs

All the above Information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, May 23 Th 1880

Undertaker, C. Eckhard

Place of Business, 269 Canton Ave

R. M. Mansfield M.D.,
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luther U. Favre

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 18 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 414 E. Monument St.

Cause of Death {First, (Primary,) Cerebral Meningitis - Second, (Immediate,) Hydrocephalus

Duration of last Sickness, 6 wks. 5 dys

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 24th 1880

Undertaker, or Cameron Graves

Place of Business, 432 W. Fayette *Address,* 262 Madison Ave.

Eldridge C. Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Fry Bros Nurses Store

...f this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 39837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Thomas

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 75 *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married; Single; Widow or Widower, {Cross out the word not required in this line.} widow

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 1011 N. Broadway

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Dysentery

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy.

Date of Burial, May 23/80

J. R. Wisler M. D.
Medical Attendant.

Undertaker, Stuart & Maurer

Place of Business, 35 Park Ave *Address,* 234 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...PLANT & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39838

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Stanf

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 75 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carrol Co. Md

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} In the Hospital

Cause of Death, {First, (Primary,) Apoplexy / Second, (Immediate,) Coma}

Duration of last Sickness, 3 days - the second attack

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 23/80 Oscar J. Cookey M. D. Medical Attendant.

Undertaker, Samuel A. Myers

Place of Business, 35 Park Ave *Address,* 88 W Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 39839

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 22. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Voss

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 3 Green ch

Cause of Death, First, (Primary.)

Second, (Immediate.) Summer Diarrhea

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus.

Date of Burial, May 23rd 1880

Undertaker, C.F. Krause

Place of Business,

Theodore Chatz *M.D.,*

Medical Attendant.

Address, 146 Hanover st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39840

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22d 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daisy Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, [illegible] *Years,* 4 *Months,* ~~11~~ *Days.*

Color, Colored *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 16 Months

Place of Death, {Give street and number.} 162 Cathedral St

Cause of Death, First (Primary,) teething

Second (Immediate,)

Duration of Last Sickness, 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Church Cemetery

Date of Burial, 23d

M. D.
Medical Attendant.

Undertaker, John G Jordan

Place of Business, No 63 Park Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1778 Trans

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Susan Elizabeth Taylor

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 264 Sharp St

Duration of Residence in the City of Baltimore, all its life

Place of Death, {Give street and number} 264 Sharp St

Cause of Death First, (Primary,) Cerebral Meningitis

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 22 1880

Undertaker, B W Chase

Place of Business, No 198 Hward

Dr. E Clagett M. D.
Medical Attendant.

Address, 18 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39842

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Cook

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, One *Years,* 0 *Months,* 0 *Days.*

Color, Light Brown Color

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and number} No 20 Walnut St

Cause of Death First, (Primary,) Unknown

Second, (Immediate,) Marasmus

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 23 1880

Undertaker, S W Chase

Place of Business, 86 198 Howard *Address,* Cor Dolphin & Rayner

B F Bohrer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39843

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno J Kelley

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 10 *Years,* 3 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 207 S Paca St.

Cause of Death, First, (Primary.) ——
Second, (Immediate,) Intussusception of Bowels

Duration of last Sickness, One Month 18 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, May 22/1880

Jno J Blake M. D.
Medical Attendant.

Undertaker, F D Cook

Place of Business, 707 W. Baltimore St. *Address,* 167 S Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39844

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Beck

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, (4 hours) ~~Years~~, ~~Months~~, ~~Days~~.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 49 Eden's st. Canton

Cause of Death { First, (Primary,) Premature Birth

Second, (Immediate,) (Unknown)

Duration of last Sickness, Four hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, May 23th 1880

Undertaker, C. Eckhard

Place of Business, 269 Canton Ave

Thos. R. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1880 (Thursday)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Fisher

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 5 *Years,* 6 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X

Occupation, X X X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto County

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} Thames & Shelf Co- Locust Point

Cause of Death, First, (Primary.) Catarrhal Fever

Second, (Immediate,) ____

Duration of last Sickness, five days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, May 24th 1880

James O'Donnell M. D.
Medical Attendant

Undertaker, Wm Nicholson Jr

Place of Business, 258 Alice *Address,* 996 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary.) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, May 24 1860 ..... *M. D.*

Medical Attendant.

Undertaker, B Hale

Place of Business, 411 Light St ..... *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

See following Certificate

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 39846

SEE BACK OF THIS PERMIT.

HEALTH DEPARTMENT,

BUREAU OF RECORDS.

Baltimore, May 23 1880

Permission is Hereby Given to B Hook

Undertaker, to remove the Remains of Lulu Layton W.B.

Age 3 Years 6 Months Days; Date of Death May 22 1880,

Cause of Death Congestion Brain

Place of Birth Baltimore; Place of Death 32 Bunnyhill;

To Mt Olivet Cemetery for Interment.

James A. Steuart M.D.
Commissioner of Health and Registrar.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39840

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cousins

Sex, ~~Male~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 104 Cary St

Cause of Death {First, (Primary,)} Pneumonia — Was ill 3 days

{Second, (Immediate,)} —

Duration of last Sickness, 3 days — Was taken sick on Thursday

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 23 1886

Undertaker, L Welch Chase

Place of Business, No 198 Howard St *Address,* [illegible]

D W Griffin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21 st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Latimer

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 58 *Years,* ——— *Months,* ——— ~~Days.~~

Color, Colored White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Mariner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 422 Caroline st

Cause of Death, First, (Primary.) Hypertrophy with Dilatation of Heart

Second, (Immediate.)

Duration of last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Lamb's

Date of Burial, May 23 1880

Thos J. Evans M. D.
Medical Attendant.

Undertaker, Thos J Locke

Place of Business, Cor Jeff & Gay sts

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22nd May 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Kehl

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 552 W. Pratt st

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 552 W. Pratt st

Cause of Death First, (Primary,) Diptheria

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 24

Undertaker, Walter Emmel

Place of Business, 252 W. Biddle

P. V. Benson M. D.
Medical Attendant.

Address, 187 Hollins st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Herbig

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, one *Years,* —— *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt- City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} No 382 Orleans st

Cause of Death First, (Primary,) Pertussis

Second, (Immediate,) Pneumonia

Duration of last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, May 23.

Undertaker, John Henney

Place of Business, 382 Orleans St

L A Miller M. D.
Medical Attendant,

Address, 1 2 S Edw

* *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39851

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Nelson

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* One *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No. 18 Snyders Court

Cause of Death { First, (Primary.) Convulsions
Second, (Immediate.) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cem

Date of Burial, May 23 1880

Undertaker, Fred. J. Sticks

Place of Business, 15 Jefferson

Francis A. Sares M. D.
Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 39852

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 21, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christiana Haafner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 57. *Years,* 4 *Months,* 25 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give street and number.} 129 West St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Gall Stone Colic with General Debility

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, May 23rd 1880

Undertaker, D. S. Dill

Place of Business, 183 Columbia ave

W. Keating Cook M.D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Doerflein

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ... *Years,* 2 *Months,* 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 39 N. Durham st

Cause of Death { First, (Primary,) Cholera infantum

Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, May 24th 80

Undertaker, M. France

Place of Business, 230 Canton Ave

P. G. Daudt M. D.
Medical Attendant.

Address, 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is respectfully invited to ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22d 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter Nockes

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Thirty Seven *Years,* ____ *Months,* ____ *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, Teamster

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Accomack Co. Virginia

Duration of Residence in the City of Baltimore, Twelve Years

Place of Death, { Give street and number } No 68 Welcome alley

Cause of Death, { First, (Primary.) Typhoid Fever. Supervened Second, (Immediate.) Pneumonia & Hydrothorax

Duration of last Sickness, Eight Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 24

Undertaker, H. Cules Zolle

Place of Business, 95 Dorcas St

L. D. Dyes M. D.
Medical Attendant.

Address, 146 Hill St

LADDER

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39855

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE

Date of Death, May 23rd 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Stewart

Sex, Male or Female, {cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, Dark Brown

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Cook,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and number} 8 Jordan Alley

Cause of Death {First, (Primary,) Chronic Diabetes

Second, (Immediate,) Peritonitis

Duration of last Sickness, about 10 days

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Saint Joseph Cemetery

Date of Burial, May 24th 1880

Undertaker, Wm. James Gray

Place of Business, 66 Mulberry St

John Dickson M. D.
Medical Attendant.

Address, 261 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie J. Vodery

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* Nine *Months,* ..... *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Queen Anne County Md

Duration of Residence in the City of Baltimore, Queen months

Place of Death, {Give street and number} 211 S Bethel St

Cause of Death { First, (Primary.) ..... Second, (Immediate,) Convulsions

Duration of last Sickness, Two hours

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, May 24th 1880

Undertaker, Theo J Locke

Place of Business, 13 Jefferson St

Nicholas P. Dashiell, M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...he Special Attention of ... ...ficate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE MAY 24 1880

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Dave Lowe

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* — *Days.*

Color, Black

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number} 86 Sterling St

Cause of Death {First, (Primary,) Catarrh

Second, (Immediate,) 3 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, May 24th

Undertaker, Thos W. Lockes

Place of Business, 73 Hanover St

Silas N. Hamilton M. D.
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39858

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice A Gable

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 7 Yrs *Years,* 8 *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 96 S. ~~Baltimore~~ Ann st

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) " "

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 24th 1880

Undertaker. Denny & Mitchell

Place of Business, 638 Broadway

E. P. Bruns M.D.

Medical Attendant.

Address, 406 E. Balto st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39859

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Montgomery

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 17 yrs

Place of Death, {Give street and number} 55 Calvert

Cause of Death { First, (Primary,) Phthisis & Heart disease (Acute inflammation
Second, (Immediate,) Dropsy, Exhaustion &c

Duration of last Sickness, 1 year

All the above Information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, May 25th 1880

Undertaker, Fowler & Denny

Place of Business, 263 Light St

R. H. P. Elmé M. D.
Medical Attendant.

Address, 815 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39860

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Francis

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* Five *Months,* about 1 *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, His entire life

Place of Death, {Give street and number} 40 E Eden St

Cause of Death, First, (Primary,) Consumption at birth

Second, (Immediate,) do

Duration of last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, May 24/80

Hammond & Griffin M. D.
Medical Attendant.

Undertaker, J. A. Kerchner

Place of Business, 50 Hamilton Av *Address,* 64 E Pac a St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 24, 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Shanlee

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, C. W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Her whole life

Place of Death, {Give street and number} 40 Cohen st

Cause of Death, First, (Primary.) Teething Convulsions

Second, (Immediate,) Exhaustion

Duration of last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, May 24 /80

Undertaker, H. A. Kirchner

Place of Business, 80 Hamilton Ave

Hammond & Mifflin M. D.
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39862

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE

Date of Death, May 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Piper

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Years, Fifteen Months, Three Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 30 Hanover St.

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, May 24th 1880

Undertaker, Peter Frey

Place of Business, 91 Eden Av.

Nicholas L. Dutheil M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39863

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Seidel

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 4 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 272 s Ann street

Cause of Death {First, (Primary,) Pneumonia

{Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, 2nd German Reformed Cemetery

Date of Burial, [redacted]

Undertaker, John Schuh

Place of Business, 265. Aliceanna Address, 160 Saratoga street.

J. J. Litzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39864

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24, 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Jane Hall

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 45 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, 20 Years.

Place of Death, {Give street and number.} Nr 140 Jefferson St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cancer of the Breast / Between 2 & 3 years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 25th 1880

Undertaker, Thos L Hughes

Place of Business, 611 E Baltimore

J. G. Wemble M.D.
Medical Attendant.

Address, Nr 205 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ... this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39865

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Boke

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* ____ 4 ____ *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No. 17 Oldenburg St.

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,)

Duration of last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, St Paulus Cem

Date of Burial, May 24th 1880

C. Lyle Smith M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross St. *Address,* 22 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39866

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hildebrand

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* 2 *Days.*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.)} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 203 Frederick Av

Cause of Death, First, (Primary,) Scarlet fever

Second, (Immediate,)

Duration of last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 25

R. K. Knapp, M. D.
Medical Attendant.

Undertaker, Joseph H. Cook

Place of Business, 707 West Balto *Address,* 564 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm H Bell

Sex, Male or Female, { cross out the word not required in this line. } —

Age, — *Years,* 5 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 433 Mc Henry st

Cause of Death, { First, (Primary,) Inflammation of Lungs

Second, (Immediate,)

Duration of last Sickness, 12 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 25

Undertaker, J B Cook

Place of Business, 707 W Pratt *Address,* 319 Hallowell st

James Bowling *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the ... Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Henry Krieg

Sex, Male ~~or Female,~~ { cross out the word not required in this line. }

Age, ~~~ *Years,* ~~~ *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } S. E. Cor Eastern ave & Duncan Alley

Cause of Death, First, (Primary,) Unal Institution (Certified)

Second, (Immediate,) Convulsions

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 25 1880

M. D.

Undertaker, Leonhard Krug

Place of Business, 277 S. Bond St

Address, Commrs of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by Geo E. Taylor [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Amended

Date of Death, May 24.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Dorsey

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} On Constitution & Bowen sts

Cause of Death First, (Primary.) Scarlatina

Second, (Immediate,) Diphtheria 3 weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Tomorrow 5 O'Clock

Undertaker, Jacob Mueller

Place of Business, 21 Harrison St

Adam Bloede M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39870

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Spencer W. Nolen

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 288 Madison Ave

Cause of Death, First, (Primary.) Organic disease of Heart

Second, (Immediate,) Pneumonia

Duration of last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 25th

Undertaker, Enoch & Mann

Place of Business, 36 Park Address, 2 Cathedral St

H. Lenthal M. D.
Medical Attendant.

MAY 24 1880 HEALTH DEPARTMENT BALTIMORE

MAY 24 1880 HEALTH DEPARTMENT BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.}

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Rigdon

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 5 *Years,* ——— *Months,* ——— *Days.*

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 10. St. James' Street

Cause of Death { First, (Primary.) / Second, (Immediate,) } Cholera Morbus —

Duration of last Sickness, 2 days —

All the above information should be furnished by the Physician.

Place of Burial, Asbury E. G. Cem'y

Date of Burial, May 24th 1880

Undertaker, Chas. A. White

Place of Business, Granby St

Address, Comm. of Health & Registrar

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd. Jos. P. Smith

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to that of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mena Sems

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* 4 *Months,* 22 *Days.*

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 59 Lancaster St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, a day or two

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsis

Date of Burial, May 25th

Undertaker, H. Fockler

Place of Business, 246 Eastern

R W Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city; it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39873

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Reno

Sex, Male or Female, {cross out the word not required in this line.} Female

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE

Age, ~ *Years,* 4 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 59 Lancaster St Charleen Infantum

Cause of Death { First, (Primary,) ... Second, (Immediate,) ...

Duration of last Sickness, Two days

All the above Information should be furnished by the Physician.

Place of Burial, St Alfonsis Cemty

Date of Burial, May 25th

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av

D N Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 39874

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Michel

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, ... *Years,* Four (4) *Months,* Eighteen (18) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 296 N. Broadway

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem'y

Date of Burial, May 24th

Undertaker, H. Frochlich

Place of Business, 246 Eastern Ave

Fr. Kloss M.D.,
Medical Attendant.

Address, 811 E. Eutaw & Caroline Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 39875

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE

Date of Death, May 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth [redacted]

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 51 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, Twenty four (24) years

Place of Death, {Give street and number.} 164 S. Chapel St.

Cause of Death, First, (Primary.) Obstruction of the Bowels

Second, (Immediate.) Asthenia

Duration of Last Sickness, Seven (7) days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemtry

Date of Burial, May 24th

Undertaker, H. Frechlich

Place of Business, 246 Eastern Av

G. L. Wilkins M.D.,
Medical Attendant.

Address, 17 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the schedule below, and to list of diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22 - 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mabel Boal

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore Asylum

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } Nursery & Childs Hospital

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Congestion of Brain

Duration of last Sickness, 1 Days

All the above information should be furnished by the Physician.

Place of Burial, Londen Park

Date of Burial, May 24

Undertaker, C. H. Blizard

Place of Business, 201 Pine ave near Baltimore

C. F. Bevan M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis M Taylor

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* Three *Months,* Twenty three *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} 380 Wood St

Cause of Death, First, (Primary.) Exposure to dampness of bad blood

Second, (Immediate,) Nasal catarrh complicated

Duration of last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 25

Undertaker, Hercules Ross

Place of Business, 95 Conway St

L. D. Dyer M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 23d 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet L. Eichelberger

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 88 Payson Street

Cause of Death, First, (Primary,) Consumption of Lungs

Second, (Immediate,)

Duration of last Sickness, about two years

All the above information should be furnished by the Physician.

Place of Burial, Hickory Harford Co Md

Date of Burial, May 25th 89

W. H. McGraw M. D.
Medical Attendant.

Undertaker, D Ensey & Mitchell

Place of Business, 539 W Fayette St *Address,* 582 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrika Kniel

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 1 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 237 E. Lombard St.

Cause of Death { First, (Primary,) Pyaemia

Second, (Immediate,) Brain Symptoms

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, May 25th

Edward Guard M. D.
Medical Attendant.

Undertaker, Cooper & Eckhardt

Place of Business, 269 Canton ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39880

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah H Lomack

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* Eight *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Continuous

Place of Death, {Give street and number} No 189 S. Howard St.

Cause of Death, First, (Primary,) Gastro = Enteritis

Second, (Immediate,) Cerebral congestion

Duration of last Sickness, Four Hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, ____

L. D. Dyer M. D.
Medical Attendant.

Undertaker, J. C. Davis

Place of Business, No 103 Lee St

Address, 146 Hill St

L. DYER

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 39881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Boyce

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give street and number} No. 19 Sterret st.

Cause of Death First, (Primary,) Dropsy

Second, (Immediate,)

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem'y

Date of Burial, May 25th 1880

C. L. Buddenbohn M. D.
Medical Attendant.

Undertaker, Joseph F. Byrne

Place of Business, 59 S. Liberty *Address,* 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39882

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hoddrick William Smith

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 6 *Years,* 4 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number} 7 Elizabeth ally

Cause of Death { First, (Primary,) /
Second, (Immediate,) Dysentery

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 25

Undertaker, B. Hurst

Place of Business, 411 Eutaw

Hos E Smith *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 39883

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT MAY 25 1880 BALTIMORE

Date of Death, May 24/80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederick Klauemburg

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 56 *Years,* 5 *Months,* 14 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 12 yrs.

Place of Death, { Give street and number. } 249 S. Bond

Cause of Death, First, (Primary.)

Second, (Immediate.) Pyemia

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetary

Date of Burial, May 25th 1880

R. W. Mansfield *M.D.,*
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Canton Ave *Address,* 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39884

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Parker

Sex, Male or Female, { cross out the word not required in this line. } ~~Female~~

Age, — *Years,* — *Months,* 3 *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } No 66 Church st

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } No 66 Church St

Cause of Death, { First, (Primary,) — / Second, (Immediate,) Convulsions

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 25 - 1880

Undertaker, W. Chase

Place of Business, No 198 S Howard

J. J. Smith M. D.
Medical Attendant.

Address, 260 E Eutaw st Balt City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ... certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 25 1880 BALTIMORE

Date of Death, May 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Franklin

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 87 Years, ____ Months, ____ Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Aug 17 Orleans st

Cause of Death, First, (Primary,) Causes of Stomache

Second, (Immediate,) ____

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Tuesday 10 o'clock May 26

Undertaker, Jacob Muller

Place of Business, 1021 Bowers

Wm. E. Russell M. D.
Medical Attendant.

Address, Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS,

Permit No. 39886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 25 1880 BALTIMORE

Date of Death, May 23d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Bond

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days.*

Color, ~~c~~ d

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co Maryland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 118 Aisquith st

Cause of Death {First, (Primary,) Old age / Second, (Immediate,) Ischuria Renalis

Duration of last Sickness, Three week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Gardens

Date of Burial, May 25. 1880

Undertaker, Charles T Weis

Place of Business, 32 Gravely ST

E L Baldwin M. D.
Medical Attendant,

Address, 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the Law on this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 25 1880 BALTIMORE

Date of Death, May 25. 11 80.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Foran

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany in U. S. 7 yrs 8 mos.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 228 Mulberry

Cause of Death { First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, 24 hours

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 26

{ *Undertaker,* William Cadogan

Place of Business, 22 Hanover St

Chas. S. Horn *M. D.*
Medical Attendant.

Address, 226 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Agnes H Kaufman

Sex, ~~Male~~ *or Female,* { cross out the word not required in this line. }

Age, 32 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the word not required in this line. }

Occupation, Shoe Maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Prussia

Duration of Residence in the City of Baltimore, 2 Yrs

Place of Death, { Give street and number } 132 Lombard

Cause of Death, { First, (Primary,) Uremia, Fibro-Cystic

{ Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 26th 1880

Undertaker, Geo's Scriven

Place of Business, 271 N Eutaw St

J. W. Wilson M. D.
Medical Attendant.

Address, 132 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} "Minnie E. George"

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 6 Y 5 Months

Place of Death, {Give street and number.} 444 N. Washington St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) with Brain Complication

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, May 25th 1880

Undertaker, Wm. H. Hickman

Place of Business, 234 W. Lay St.

A. G. Watson M. D.
Medical Attendant.

Address 437 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 25 1880 BALTIMORE

Date of Death, May 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Ruob

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number} 10 Addison alley

Cause of Death First, (Primary,) Senility

Second, (Immediate,) Inanition

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, May 25th 80

Undertaker, M. Francis

Place of Business, 280 Canton Ave

L. P. Ellis M. D.
Medical Attendant.

Address, 315 Fifth

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 25 1880 BALTIMORE

Date of Death, May the 24th 10 ck a.m. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah K Hautzman

Sex, Male or Female, {cross out the word not required in this line.}

Age, Eight *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, 0

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cumberland County Pen

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give street and number} 572 Hollins Str

Cause of Death First, (Primary.) Inflamation Rheumatism

Second, (Immediate,) Apoplexy of the Hard

Duration of last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 25 80

Undertaker, J. P. Eulus

Place of Business, 66 Frederick Ave

John I. Fitzer M. D.
Medical Attendant.

Address, 160 Saratoga Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 25 1880 BALTIMORE

Date of Death, May 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eddie K Robinson

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 7 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U S A

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 10 S Ann st

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) Collapse

Duration of last Sickness, 72 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 25, 1880

Undertaker, M. A. Dager

Place of Business, 74 S. Broadway

J. Ridgway Andre M. D.
Medical Attendant.

Address, 1121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Corouer, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39893.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Kenney

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} South branch of Patapsco River at the foot of Hanbert St

Cause of Death, First, (Primary,) Second, (Immediate,) Accidental Drowning

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, May 26. 1880

Undertaker, M. A. Lauer

Place of Business, 94 S. Broadway

L A Bell, M. D.
Medical Attendant.

Coroner

Address, 161 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

J. S. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5th mo 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas W. Gorden

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 10 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~

Occupation, ~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 10 mo. 2 days.

Place of Death, {Give street and number} 24 N. Gay St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 26th 1880

W. Ridley M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St. *Address,* 306 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Clark

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Machinist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ball

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 46 Warren av.

Cause of Death { First, (Primary,) Congestion of Brain
Second, (Immediate,)

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, May 25 1880

H. N. Welstuf M. D.
Medical Attendant.

Undertaker, Armstrong & Dorsey

Place of Business, 203 Eight St. *Address,* 57 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39896

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Schiller

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 42 Mark Street

Cause of Death, { First, (Primary.) —
Second, (Immediate,) Convulsions —

Duration of last Sickness, 1 day —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 26 of May

Undertaker, John P. Paulin

Place of Business, 66 Frederick Ave

W. R. McKenrick M. D.
Medical Attendant.

Address, 552 W. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Douglas Mackey

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* 20 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 157 Lone Street

Cause of Death, {First, (Primary,) Pneumonia

{Second, (Immediate,)

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 26 1880

Undertaker, E. Wehrle

Place of Business, No. 2 Lexington St.

Chas. H. Hoff M. D.
Medical Attendant.

Address, 306 W. Hazlewood Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25, 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Beale Alexander Mason

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ... *Years,* 2 *Months,* 8 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } 239 Hennetta St

Cause of Death { First, (Primary,) Tuberculosis Dual

Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Harp's Cemetery

Date of Burial, May 25 1880

Undertaker, H M. Chase

Place of Business, No 198 Howard St

Geo H. Dyer M. D.
Medical Attendant.

Address, 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 39899

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAY 25 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, May 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecilia Reynolds

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. V

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 180 Constitution St.

Cause of Death, First, (Primary.) [illegible]

Second, (Immediate.) Diphtheria of the Nasal Cavities

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, May 25 1880

Undertaker, James F Byrne

Place of Business, No 631 Front St

Wm Whitridge M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of [illegible]

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the [illegible] of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39900

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23d 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adline Collins

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* ____ *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co. Md.,

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number} 5 Norris alley

Cause of Death, First, (Primary,) Pernicious Intermittent Fever

Second, (Immediate,) ____

Duration of last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 26 1890

Undertaker, William A Snyder

Place of Business, 10 & 12 Eden Alley

J. Shelton Hill M. D.
Medical Attendant.

Address, 452 to 454 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

GUILANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians to Reports

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39901

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24 - 1880 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Houston

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Under 15 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto and

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No 148 N. Dallas St.

Cause of Death, First, (Primary,) [redacted]

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 weeks -

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, May 26 1880

G. F. Taylor M. D.
Medical Attendant.

Undertaker, Wilkins Murray

Place of Business, 62 East Street | *Address,* 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 39902

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25 (Monument Square)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Baumgaertner

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 1 *Years,* 3 *Months,* — *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 78 Fayette Avenue

Cause of Death, {First (Primary,) Bronchitis / Hypnem. Cub. Second (Immediate,) Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, May 26 1880

Undertaker, R. Oberle

Place of Business, 411 Light St

D. Tillman M.D.
Medical Attendant.

Address, 137 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39903

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clarence Turner

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ... *Years,* 8 *Months,* 25 *Days.*

Color, C

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 20 Oxford St

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Collapse

Duration of last Sickness, 29 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 27 1880

Undertaker, B H Chase

Place of Business, No 198 Howard St

T. Winslow M. D.
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39904

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Hays

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Fifty-five *Years,* — *Months,* — *Days.*

Color, Black *Sex,*

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Calvert County Md.

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} No. 52 Pierce st.

Cause of Death, First (Primary,) Asthma

Second (Immediate,) Dropsey

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 26 1880

Undertaker, Whitehouse

Place of Business, No 198 Howard

F. B. Gardner M. D.
Medical Attendant.

Address 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39905

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Hooks

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, Said to be 83 *Years,* — *Months,* — *Days*

Color, C

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Brickmaker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Virginia

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and number.} Rear William alley

Cause of Death, First (Primary,) Unknown -

Second (Immediate,) Sudden death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 26th 1880

Undertaker, Theo J Cook

Place of Business, 13 Jefferson st

Chas M. Wright M. D.
Coroners Dr
Medical Attendant.

Address, 67 Bank st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39906

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Howard

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 35 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} 160 N. Spring St

Cause of Death, First, (Primary,) Carcinoma Bronchiale

Second, (Immediate,) Dysphoea

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, May 26th 1880

Undertaker, Peter J. Locke

Place of Business, 73 Jefferson St

G. F. Taylor M. D.
Medical Attendant.

Address, 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. C. BRYANT & CO. CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Baltimore.

Permit No. 39907

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 26 1880 BALTIMORE

Date of Death, May 25 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph R. Rhodes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6. *Years,* 6. *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} Randall St near Charles St

Cause of Death, First, (Primary.)

Second, (Immediate.) Cerebro Spinal Meningitis

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 26th 1880

Undertaker, B. Hale

Place of Business, 411 Light St

by Andrew Cordell M.D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 35508

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Louise Brown

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 2 months *Years,* *Months,* *Days*

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Born

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All her life Baltimore City

Place of Death, {Give street and number.} No 57 Pine st

Cause of Death, First (Primary,) Inflamation of Cervical G

Second (Immediate,) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lowerth Cemetery

Date of Burial, May 26 1880

Undertaker, [illegible]

Place of Business, 55 Centre st

[illegible] Blank M.D.

Medical Attendant.

Address, No 36 Davis st Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39905

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Riley

Date of Death, May 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore B. Rieley

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 56 *Years,* *Months,* 25 *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Produce Dealer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto County

Duration of Residence in the City of Baltimore, Thirty five years

Place of Death, {Give street and number} 397 W Fayette Street

Cause of Death { First, (Primary,) Apoplexy - (followed by)
Second, (Immediate,) Acute cerebritis (cerebral

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 27-1880.

Undertaker, Fred N. Troll

Place of Business, 181 Hanover St

C Forbes Fetz M. D.
Medical Attendant.

Address, 579 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39910

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rozu Grisard

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 69 *Years,* 5 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Connecticut

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 400 Lexington St.

Cause of Death, First, (Primary,) Obstruction of Bowels.

Second, (Immediate,) 2 wks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, May 27 1880

Undertaker, Thos J Hughes

Place of Business, 111 E Balto *Address,* 45 E Baltimore St.

J. H. Hook *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Electa E. Cooper

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 68 *Years,* ____ *Months,* ____ *Days.*

Color, White

~~Married~~, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Boston Mass

Duration of Residence in the City of Baltimore, 67 years

Place of Death, {Give street and number} 17 N Eight

Cause of Death, First, (Primary.) Apoplexy

Second, (Immediate,) Bed Sores Exhaustion

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 27, 1880

Undertaker, M. A. Dager

Place of Business, 74 S. Broadway *Address,* ____

G. B. Reynolds M. D.
Medical Attendant
Pr Edward

MAY 25 1880

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attenti[illegible] Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit, No. 39912

The Physician who attended any person in [illegible] last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25. 1880

Full Name of Deceased, {Write plainly and spell correctly. If an Infant not named, give names of parents.} Flora [illegible]

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md. since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 423 E. Lombard St.

Cause of Death {First, (Primary,) Cholera Infantum

{Second, (Immediate,) Exhausting

Duration of last Sickness, ? one week

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co. Md.

Date of Burial, May 27. 1880

Undertaker, M. A. Dwyer

Place of Business, 745 Broadway

G. G. Link M. D.
Medical Attendant.

Address, Balt. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the [illegible] of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to [illegible]sh within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per[illegible]ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible]. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Trans 1781

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39913,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F Earls

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Six *Years,* Two *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city Md

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} No 7 Chinn alley

Cause of Death, First, (Primary,) Sudden change Temperature

Second, (Immediate,) Diphtheria Complicated

Duration of last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery

Date of Burial, May 26

Undertaker, Hercules Ross

Place of Business, 95 Conway St

L. D. Dyer M. D.
Medical Attendant.

Address, 146 Hill St

L. DUYER

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39914

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franz Yaeger

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} #52 Lancaster St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, May 26th 80

John H. Ruhberger M. D.
Medical Attendant.

Undertaker, M. Franz

Place of Business, 280 Canton Ave

Address, 153 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Virginia Gilmore

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 52 Pat. Park Ave

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 52 Pat. Park Ave

Cause of Death { First, (Primary,) Convulsions
Second, (Immediate,)

Duration of last Sickness, From birth

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem'y

Date of Burial, May 27th 1880

Undertaker, Peter Frey

Place of Business, 91 Eutaw St

J. Frey *M. D.*
Medical Attendant.

Address, 191 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Perkins (Mother)

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 12 hours ~~Days~~

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 303 S. Eutaw St

Cause of Death { First, (Primary,) Premature Birth
, Second, (Immediate,) Convulsions

Duration of last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 26 1880

{ *Undertaker,* Geo W. Perkins
{ *Place of Business,*

James A Steuart M. D.

Address, Comm of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

Exam — by Geo E. Taylor

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Dorsey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, Col'd *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 4 Paca al

Cause of Death, First (Primary,) Dr Boyd attended him two weeks

Second (Immediate,) 4 days of his death. Inflammation of Intestines & Stomach

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Levenel Cemetery

Date of Burial, May 26 1880

Undertaker, William Duncan

Place of Business, No 62 East St *Address*

Alex Tinsley M. D.
Coroner
386 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29, 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Slade

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 26 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 6 Warner St.

Cause of Death. { First, (Primary,) Consumption Abt Lungs — Second, (Immediate,) 5 Weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, May 27th 1880

Undertaker, Ph. Seewald

Place of Business, 35 S. Eutaw St

S. W. Howe M. D.
Medical Attendant.

Address, 7 S. C. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Adams

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 82 Columbia

Cause of Death First, (Primary,) convulsions

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 26th 1880

Undertaker, Jno H. Weaver & Co

Place of Business, 22 W Hoyette St *Address,* 6 Do

J. H. Hunter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the Penalty on the Reverse of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39920

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 26 1880 BALTIMORE MD.

Date of Death, May 26, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace E. Philena Mastener

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* 15 *Days.*

~~Color~~,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Co., Md.

Duration of Residence in the City of Baltimore, Life & One week

Place of Death, {Give street and number} Hoffman & Collington Ave

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Heat - Exhaustion

Duration of last Sickness, 36 hours.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, May 27th

Undertaker, Geo Schilling

Place of Business, ____

T. H. White M. D.
Medical Attendant.

Address, 761 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the dnty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 26 1880

Date of Death, May 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Martin

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 137 Welcome alley

Cause of Death First, (Primary,) Dentition

Second, (Immediate,) convulsions

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem'y

Date of Burial, May 27th 1880

James H Steuart M. D.

Undertaker, Hercules Ross

Place of Business, Conway St *Address,* County Health Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by — Jno. V. Fitzpatrick

The Special Attention of Physicians is respectfully ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Filgner

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Abt 43 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Laboring Man

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Old Point Va

Duration of Residence in the City of Baltimore, about 18 Years

Place of Death, {Give street and number} S. W. Cor Cookin & Beason Alley

Cause of Death { First, (Primary,) / Second, (Immediate,) } Syncope

Duration of last Sickness, about 15 minutes

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, May 27 1880

Undertaker, Fry & Bro

Place of Business, Woodlawn

L. A. Bell M. D.
~~Medical Attendant.~~
Coroner

Address, 161 Mary St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39923

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Hamilton

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 51 years

Place of Death, {Give street and number} Union Protestant Infirmary

Cause of Death { First, (Primary,) Heart Disease
Second, (Immediate,) Dropsy

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial Green Mount Cem.

Date of Burial, May 27th 1880

Undertaker, Andrews & Hodges

Place of Business, No 46 Druid Hill Ave

Chas Fawcett M. D.
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Millon Cohen

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ Years, 5 Months, ____ Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 35 Milliard St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) ____

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, May 27/80

Undertaker, Wm Eden

Place of Business, 101 South

Wm. L. Russell M. D.
Medical Attendant.

Address, Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

... & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Called to the Following Regulations.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin August Schultz

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One *Years,* 7 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 202 S. Caroline st

Cause of Death { First, (Primary,) Cuteritis
Second, (Immediate,) Exhaustion

Duration of last Sickness, Two week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 28 May 1880

Undertaker, John C. Schulz

Place of Business, 165 Aliceanna

L O Wintermute M. D.
Medical Attendant,

Address, 12 S. Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ... Consumption

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick Wm Bauer

Sex, Male or ~~Female~~, { cross out the word not required in this line. } .....

Age, About 45 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } Spring Gardens City Infirmary

Cause of Death { First, (Primary,) Paralysis Heart Disease
Second, (Immediate,) ..... }

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemetery

Date of Burial, May 25 80

Undertaker, F A Kirchner

Place of Business, 50 S Carrollton Av

Ref Disease M. D.
Medical Attendant.

Coroner

Address, 101 Steele St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse L. Whalen

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 *Years,* 6 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 134 William St

Cause of Death, First, (Primary,) Pertussus

Second, (Immediate,) Convulsions

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bolt Cemetery

Date of Burial, May 28 80

Undertaker, Snyder & Denny

Place of Business, 1263 Light St

H B Noble M. D.
Medical Attendant.

Address, 17 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 27 1880 BALTIMORE

Date of Death, May 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Jos. Bayard

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 27 *Years,* 4 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Upholsterer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 164 S. Regester

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Ste Omer Lot 5

Date of Burial, Saturday 29th

James E. Donnelly M. D.
Medical Attendant.

Undertaker, A. Sander

Place of Business, Carlton Ave near Broadway

Address, 296 Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

Permit No. 39929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 27 1880 BALTIMORE

Date of Death, May 25 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma W Sedgwick

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 9 Months, 18 Days.

Color, White ~~Black~~ Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 93 Conway st

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurelwcemetery

Date of Burial, May 27. 1880

Undertaker, Hurcules ross

Place of Business, 95 Conway St

Rhodes Orth M.D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Muller

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 28 *Years,* ... *Months,* ... *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 8 years

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Metrorrhagia
Second, (Immediate.) Asthenia

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Swethome

Date of Burial, May 27

Undertaker, C H Blizzard

Place of Business, 201 Park Ave, near Saratoga

FIRST M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Regulations Below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27, 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27 - 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Burgess

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* Seven *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} No 29 N Paca St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) ____

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, 27 May

Undertaker, P Kummett

Place of Business, Mulberry st

J. H. Rheem M. D.
Medical Attendant.

Address, 29 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug. 25 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Peters

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 6 *Years,* 1 *Months,* [illegible] *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and number} 111 Mark't St. Baltimore

Cause of Death { First, (Primary,) Asthma

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 27th

Undertaker, J. H. Perkins

Place of Business, 130 Henrietta st. *Address,* 206 Chestnut st.

H. S. Bond *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39933

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 27, 1880 BALTIMORE

CERTIFICATE OF ~~DEATH~~.

Date of Death, May 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hugh Hoial

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 43 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 73 S. Castle Street

Cause of Death, First, (Primary,) Schirrus of Intestines

Second, (Immediate,) ____

Duration of last Sickness, Hour.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, 28th May

James F. Hume M. D.
Medical Attendant.

Undertaker, M Clark & Son

Place of Business, 64 E Balto *Address,* 64 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 27 1890 BALTIMORE

Date of Death, May 25th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Hammond

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Sixty three *Years,* — *Months,* — *Days.*

Color, Brown

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, Sixty-three Years

Place of Death, {Give street and number} No 60 East St

Cause of Death, First, (Primary,) Hypertrophy

Second, (Immediate,) Dilatation - Exhaustion

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Lamel Cemetery

Date of Burial, May 27th 1890

Undertaker, Thos J Cooke

Place of Business, 73 Jefferson St

Whitefield Kinsey M. D.
Medical Attendant.

Address, 1152 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Board of Health, City of Baltimore

Permit No. 39935

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT MAY 27 1880 BALTIMORE

Date of Death, May 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen E. Kennedy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Four (4) Months, Nineteen (19) Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Cor Kayser Chester Streets

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Six (6) days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 28th

Undertaker, Geo. Schilling

Place of Business,

Gresham M.D.,
Medical Attendant.

Address, Cor Kayser & Chester Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

Permit No. 39936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 27, 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna Salchelen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 14 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 159 Greenmount Ave

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate.) Collapse

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, May 27th

Undertaker, Geo Schilling

Place of Business,

Wm Whitridge M.D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia L. Lindeman

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, X *Years,* ~~4~~ 7 *Months,* ~~16~~ *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 228 N. Gay St

Cause of Death First, (Primary.) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 27 May 5 Oclock

Undertaker, George C Rodenmayer

Place of Business, 38 Eason Street

H. T. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 27, 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday, May 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Laurence

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number} 18 Oliver St

Cause of Death, First, (Primary,) Chronic Bronchitis & Rheumatism

Second, (Immediate,) Cancer of Stomach & adjacent abscess of Parotid Gland.

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 27th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Guilford Ave

Wilmer Brinton M. D.
Medical Attendant.

Address, 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAY 27 1880

CERTIFICATE OF DEATH.

Date of Death, May 25th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Thess

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ... *Years,* 4 *Months,* 2 *Days.*

Color, European

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ——

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } No 15 Spruce

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } No 15 Spruce Alley

Cause of Death { First, (Primary,) ..... Second, (Immediate,) } Cholera Infantum

Duration of last Sickness, About a Week

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cem.

Date of Burial, May 27th

Undertaker, W. Pippel

Place of Business, S. Bond st. 151

J. Ford M. D.
Medical Attendant,

Address, 169 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27, 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 24th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kessler

Sex, Male or Female, {cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} M.

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and number} 61 O'Donnell St.

Cause of Death First, (Primary,) Paralysis

Second, (Immediate,) Coma.

Duration of last Sickness, 2 wks. 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, May 27th

Undertaker, H. Tippel

Place of Business, S. Bond st. 151

H. T. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27, 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Cunningham

~~*Sex, Male or*~~ *Female,* { Cross out the words not required in this line. } Female

Age, ... *Years,* 4 *Months,* 17 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Balt. md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 153 Hoffman St

Cause of Death, { First (Primary,) Artificial food

Second (Immediate,) Gastro-Enteritis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, May 27th 1880

{ *Undertaker,* Chas T Scriven

{ *Place of Business,* 2718 Eutaw St

E. D. Thomson *M. D.*

Medical Attendant.

Address, 187 W. Biddle

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 27, 1880 BALTIMORE

Date of Death, May 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Gill

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 23 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md —

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 159 N. Fremont St, Monument —

Cause of Death, First, (Primary,) Cholera Infantum —

Second, (Immediate,)

Duration of last Sickness, 4 days —

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 27th 1880

Undertaker, Ellis & Scriven

Place of Business, 211 N Eutaw St

Claude Van Bibber M. D.
Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick O'Neil

Sex, Male or Female, {cross out the word not required in this line.}

Age, 48 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Hackman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} Cor Pine & German Sts

Cause of Death {First, (Primary,) Cirhosis of the Liver & Dropsy

{Second, (Immediate,) of the abdomen

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St Peters C.

Date of Burial, May 28, 1880,

Undertaker, J. B. Blackistone

Place of Business, 606 Balt St

Edw. F. Nicholas M. D.
Medical Attendant.

Address, 279 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 39944

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 27 1880 BALTIMORE

Date of Death, May 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Wood

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Eighty one *Years,* two *Months,* Nineteen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, No Occupation

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Alsace France

Duration of Residence in the City of Baltimore, Almost Sixty years

Place of Death, {Give street and number.} N 40 Bank St

Cause of Death, {First (Primary,) Old age. Second (Immediate,)}

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetary

Date of Burial, May 27th

Undertaker, C. F. Kraase

Place of Business,

H Whatson M. D.
Medical Attendant.

Address N 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26/80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Baker

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 1 *Years,* 11 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 140 Hamburg St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, May 27th/80

Undertaker, C. F. Krause

Place of Business,

H. Smith M. D.
Medical Attendant.

Address, 108 Shard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Carrigan

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and number} City Hospital

Cause of Death, First, (Primary,) Bright's disease of Kidneys

Second, (Immediate,) Edema of Lungs

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, May 27th 1880

Z. B. Dudley M. D.
Medical Attendant.

Undertaker, Of Patrick Nolen

Place of Business, 41 E. Madison St. *Address,* City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Ann Leach

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 25 *Years,* 3 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} # 428 Orleans St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 or 7 mos

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 28th 1880

Geo. A. Hartman M. D.
Medical Attendant.

Undertaker, Wm. Weaver

Place of Business, No 202 N. Eutaw St

Address, # 305 N. Carolina St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39948

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } H. H. Keller

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* 4 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } /

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Co. Md.

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number } 1 [illegible] Fayette

Cause of Death, { First, (Primary.) ____ / Second, (Immediate.) Cataract

Duration of last Sickness, 4 Days

All the above information should be furnished to the Physician.

Place of Burial, Elk Ridge Landing Howard Co Md

Date of Burial, May 28-80

Undertaker, Dendy & Mitchell

Place of Business, 350 W Fayette St *Address,* ____

____ *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27, 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26 May 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E. Butler

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 8 *Years,* ... *Months,* ... *Days.*

Color, well

~~*Married*~~, *Single*, *Widow or Widower*, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 7 Jenkins alley near Preston st

Cause of Death First, (Primary,) Dip. Laryngis

Second, (Immediate,) Croup

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, May 27. 1880

Undertaker, J. C. Gordon

Place of Business, No 63 Park Av

G Lane Taneyhill M. D.
Medical Attendant.

Address, 129 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39950

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Cochrane

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 65 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Farmer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} 35 years

Duration of Residence in the City of Baltimore, 39 Mulberry St

Place of Death, {Give street and number.} 161 Pratt St

Cause of Death, First (Primary,) Pleuro Pneumonia

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above Information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, May 27th 1880

Undertaker, Wm Edelen

Place of Business, 101 Gough St

H. K. Fetterhoff M. D.
Medical Attendant.

Address, 205 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 89957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 27, 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francisca Kullmann

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 79. *Years,* *Months,* 23 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germanie 30 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} N. 8 East front St Baltimore

Cause of Death {First, (Primary.) age: and general debility

{Second, (Immediate,)

Duration of last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 28th 1880

John M. R. Sencto M. D.
N. 88. S Lanbard
Medical Attendant.

Undertaker, Jas. L. Bruce

Place of Business, 63 [illegible] *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Kavenaugh

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 75 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 34 Douglas

Cause of Death, First, (Primary.) Senile Catarrh, &c.

Second, (Immediate,)

Duration of last Sickness, Several Month

All the above information should be furnished by the Physician.

Place of Burial, Cathedral C.

Date of Burial, May 27 1880

D. M. Cathell M. D.
Medical Attendant.

Undertaker, J. & J. Byrne

Place of Business, 63 Hanover St. *Address,* 211 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Phy...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39953

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sylvester C. Ash.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* 23 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Cecil County, Md.

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give street and number.} 67 Granby Street.

Cause of Death, First (Primary,) Scarlatina.

Second (Immediate,) Adynamia.

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Balt. County

Date of Burial, May 27 1880

Undertaker, Fry & Bro

Place of Business, 54 N Broadway

Address

B. F. Brodz M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Lansdale

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 9 *Years,* 11 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Montgomery Co Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} 87 Saratoga St

Cause of Death, First (Primary,) ~~Spinal~~ Paralysis

Second (Immediate,) Suffocation

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 28 1880

Thos J Shumard M. D.
Medical Attendant.

Undertaker, Thos O Hughes *Address* 80 Reid St

Place of Business, 160 E Balt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 39955

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Bowie

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 22 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 196 Monroe St

Cause of Death, First, (Primary.) Scrofula

Second, (Immediate.) Phthisis

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Church Home Cem'y

Date of Burial, May 27 1880

Undertaker, S W Cluss

Place of Business, 50 & 98 Howard St

W H Simmons Cor E M.D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Goetz

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* 6 *Days.*

Color, whit

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, 0

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 18 Chappel

Duration of Residence in the City of Baltimore, 3 years & 6 months

Place of Death, {Give street and number} No 130 Chappel Str (S.)

Cause of Death First, (Primary,) Membranat Croup

Second, (Immediate,) Snfocation

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, May 28th 80

Wm. J. Ziter M. D.
Medical Attendant.

Undertaker, A. Thomas

Place of Business, 280 Canton Ave *Address,* 160 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen O Brien

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 1 Jasper St

Cause of Death, First (Primary,)

Second (Immediate,) Heart Disease

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, W. Pcb Cemetery

Date of Burial, May 27 1880

Undertaker, F. A. Kercher

Place of Business, Address S. E. S. Carroll & Co

Alexander Tinsley M. D.

~~Medical Attendant.~~

Comer

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fortunata P. Ginzano.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 3 *Months,* 12 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 264 S. Broadway

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) —

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, St vincins cemery

Date of Burial, May 27

Undertaker, Mr Schue allcan

Place of Business, Allacana st

J. M. Sullivan, M. D.
Medical Attendant.

Address 116 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 27 1890 BALTIMORE

Date of Death, May 26th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah E. Burn

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* *Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Fairfax Co. Va

Duration of Residence in the City of Baltimore, 44 yrs

Place of Death, {Give street and number} S.W. Cor Eden & Aisquith

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) exhaustion

Duration of last Sickness, over a year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, 28th May 1890

Undertaker, Wm H Hickman

Place of Business, 234 N Gay st

J. A. Adams M. D.,
Medical Attendant.

Address, 256 N Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Kavanagh

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 45 *Years,* ..... *Months,* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, 11 Yrs.

Place of Death, {Give street and number.} 62 Canal St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asthenia

Duration of Last Sickness, Only saw him few hours before death

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, May 28 1880

Undertaker, Chas O Byrne

Place of Business, 1163 N Front St

Chas A. Morfit M.D.
Medical Attendant.

Address, 67 Canal St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Lee

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 25 *Days.*

Color ~~Col~~

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Mechanics Court 15

Cause of Death First, (Primary,) Brain disease

Second, (Immediate,) Convulsions

Duration of last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 27th 1880

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, Wilson & Burgee

Place of Business, 10 Slaton Alley *Address,* 124 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 24

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 39962

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26 May

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alex Brown

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Norris Alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 27 Norris Alley

Cause of Death, First, (Primary.)

Second, (Immediate,) Convulsions

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Shurist Cemetery

Date of Burial, May 29 1880

Undertaker, Williams & Dwyer

Place of Business, 62 East Pratt

M. L. Warner M. D.
Medical Attendant.

Address, Stricker & Townsend

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Folger

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore V

Duration of Residence in the City of Baltimore, Calvert

Place of Death, {Give street and number} 153 N Gilmor

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, May 28

R. K. Knox M. D.
Medical Attendant.

Undertaker, Joseph B Cook

Place of Business, 707 West Baltimore *Address,* 554 A Fa 16

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 39964

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27-1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Carr -

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, \ *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 30 Stockton all.

Cause of Death { First, (Primary,) A. Pleurisy

, { Second, (Immediate,) Asthenia

Duration of last Sickness, 6 weeks -

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 28 1880

{ *Undertaker,* P. Hummel

{ *Place of Business,* ———

John [illegible] M. D.
Medical Attendant.

Address, 76 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Rule ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen ~~Moore~~ Hudders

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 38 *Years,* *Months,* *Days.*

Color, White.

Married, ~~*Single, Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, None.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland, 25 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 17 Bath St,

Cause of Death { First, (Primary,) Paralysis. Second, (Immediate,) Paralysis,

Duration of last Sickness, a week,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem

Date of Burial, May 29th 1880

Undertaker, Geo Whilling

Place of Business,

H. P. Morgan M. D.
Medical Attendant.

Address, 175 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno Murphy

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 69 *Years,* *Months,* *Days.*

Color, W *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Publisher

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Forty-five years

Place of Death, {Give street and number.} Carrollton Hotel

Cause of Death, First (Primary,) Organic disease of heart

Second (Immediate,) Paralysis - Exhaustion

Duration of Last Sickness, Three weeks rapid failure - after two years of bad health

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery Richard McSherry M. D.

Medical Attendant.

Date of Burial, 29th May 1880

Undertaker, H. W. Jenkins Son *Address* 189 n Howard

Place of Business, 16 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased; and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph P. Wilson Gambrell

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, Two *Years,* Eight *Months,* One *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No. 332 East Lombard St

Cause of Death, First, (Primary.)

Second, (Immediate,) Pneumonia

Duration of last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Dale Cemetery

Date of Burial, May 28 1880

Wm. H. Chadwick, M. D.
Medical Attendant.

Undertaker, Ivy & Bro

Place of Business, Broadway *Address,* No 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 8772

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT MAY 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27 - 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christine Miller

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nursery / Child's Hospital

Cause of Death, First, (Primary,) Mal-Nutrition

Second, (Immediate,) ____

Duration of last Sickness, 3 Weeks -

All the above information should be furnished by the Physician.

Place of Burial, Balto - Cemetery

Date of Burial, May. 28 - 1880

Undertaker, Henry Hoeck

Place of Business, 69 N. Eutaw

C. F. Brush M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellie A. Shetter

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 11 *Months,* 20 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} S

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maine Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 496 Holliday St.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Prostration,

Duration of Last Sickness, about ten days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 29 1880

Undertaker, Henry Hoede

Place of Business, 304 N. Central Ave

H. K. Fetterhoff M.D.

Medical Attendant.

Address, 205 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Myers

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 2 yrs Time

Place of Death, {Give street and number} 1911 Cambridge St

Cause of Death, First, (Primary.) Spasms

Second, (Immediate,)

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 29th 1886

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

Address,

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of ...

Board of Health, City of Baltimore,

Permit No. 39971 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 28 1880 BALTIMORE

Date of Death, May 26th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E Clabaugh

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, Sixty Three *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll County

Duration of Residence in the City of Baltimore, Fourteen Years

Place of Death, {Give street and number.} 190 Angle Avenue N.

Cause of Death, First (Primary,) General Decay

Second (Immediate,) Kidneys Mit Complications

Duration of Last Sickness, Three Month,

All the above information should be furnished by the Physician.

Place of Burial, Middleburg Carroll County

Date of Burial, 28th May 1880

R J Hall M. D.
Medical Attendant.

Undertaker, Denny & Buscher

Place of Business, 55 W Fayette St Address No 13 Brown St Baltimore County

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Weaver Joyce

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 19 *Years,* 5 *Months,* 8 *Days.*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, wife.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia.

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, {Give street and number} 160 Mulberry St.

Cause of Death { First, (Primary,) Puerperal conditions, / Second, (Immediate,) Pneumonia.

Duration of last Sickness, 26 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, May 29th 1880

Undertaker, Jos. B. Cook

Place of Business, 707 W. Baltimore Street

Dr W. P. Morgan.
Felix Jenkins M. D.
Medical Attendant.
175 Saratoga St.
Address, Mulberry & Cathedral Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39973

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles H. Gadwin

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ... *Years,* 0 *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 6 mo - 2 da

Place of Death, { Give street and number } 21 N. Mary's

Cause of Death { First, (Primary,) Convulsions
, { Second, (Immediate,)

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, May 29th 1880

Undertaker, Chas F Scriven

Place of Business, 271 N Eutaw St

J. A. Gillis M. D.
Medical Attendant.

Address, 150 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Diamond

Sex, ~~Male~~ or *Female,* { cross out the word not required in this line. } Fl

Age, 54 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married,* *Single,*~~ *Widow* ~~or *Widower,*~~ { Cross out the word not required in this line. }

Occupation, ——

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 35 years —

Place of Death, { Give street and number } 53 Cambridge St

Cause of Death, { First, (Primary,) Gastric Ulcer / Second, (Immediate,) Exhaustion —

Duration of last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 30th 1880

W. C. Van Bibber M. D.
Medical Attendant.
per Claude Van Bibber Asst.

Undertaker, Henry Sander

Place of Business, 252 Canton Ave *Address,* 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday Night 11 oclock May 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Washington Young

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* 14 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 116 Cooley St

Cause of Death First, (Primary,) scarlatina

Second, (Immediate,) Scarlatina Malignus

Duration of last Sickness, 5 day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, May 29th 1880

Undertaker, Henry Sauder

Place of Business, 262 Canton Ave

E. E. Richards M. D.
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wein

Sex, Male or Female, {cross out the word not required in this line.}

Age, 72 *Years.* *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laundr

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Finland

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number} J. Hopkins Hall

Cause of Death {First, (Primary,) Paralysis / Second, (Immediate,)}

Duration of last Sickness, two years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, May 30 1880

Undertaker, Andrews & Hodges

Place of Business, No 4 & 6 Druid Hill Ave *Address,* 29 Franklin

J. H. Latten *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Years, about Months, Eleven Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of ~~Baltimore~~, Institution 8 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death First, (Primary,) Congenital Syphilis

Second, (Immediate,) Asphenia

Duration of last Sickness, from Birth

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 29. 1880

Undertaker, [illegible] Brannigan

Place of Business, 157 Division St

Harvey Brown M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 99978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Almira Victoria Phillips.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 24 *Years,* 5 *Months,* 17 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Annapolis County Nova Scotia.

Duration of Residence in the City of Baltimore, Five years.

Place of Death, {Give street and number} 158. South Durham St.

Cause of Death, First, (Primary.) ——

Second, (Immediate,) Pulmonary Phthisis (acute)

Duration of last Sickness, Eleven months.

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Burying Place

Date of Burial, May 28. 1880.

Undertaker, J. W. Locks

Place of Business, 65 & Wolfe st

A. Van Gouwriler M. D.
Medical Attendant.

Address, 254 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Kuntz

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 84 *Years,* 3 *Months,* ... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number} 148 Division St.

Cause of Death, First, (Primary.) Old age

Second, (Immediate,) about 4 months

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem. for of H. Jenkins M. D.

Date of Burial, May 29th 1880 Medical Attendant.

Undertaker, Wm. Weaver

Place of Business, 1202 N. Eutaw St. *Address,* 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29, 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elcora Watt

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all of life

Place of Death, { Give street and number } 4 Elbert Alley

Cause of Death, { First, (Primary,) Pulmonary Bronchitis / Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baptist Burying Ground

Date of Burial, May 28

Undertaker, Jacob Davis

Place of Business, 103 Lee St

H. S. Boze M. D.
Medical Attendant.

Address, 206 Wilkens St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27.

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hanna Green

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 82 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give street and number} # 66 East Dr

Cause of Death { First, (Primary,) old age & debility

, { Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 29 1880

Undertaker, H. H. Chase

Place of Business, No 198 Howard *Address,* ## 18 Aisquith St

Geo H Wagner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 23 1880 BALTIMORE

Date of Death, May 27 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Mary McConnell

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} University Hospital

Duration of Residence in the City of Baltimore, 3 Days

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Asthenia

Second, (Immediate,) 4

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, W es Pub Cemetery

Date of Burial, May 28 80

Undertaker, F A Kerfhuer

Place of Business, 50 Marellus Av

H E [illegible] *M. D.*
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 29 1880 BALTIMORE

Date of Death, May 27/80

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Douglas Shaw

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 6 *Years,* *Months,* 21 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Infant

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 4 McCulloch St

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 24 McCulloch St

Cause of Death, { First (Primary,) Cholera Infantum / Second (Immediate,) Congestion of Brain 3 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, May 28

{ *Undertaker,* C. H. Kleyyard / *Place of Business,* Penn. Ave.

Adolph Parella M. D.
Medical Attendant.

Address 87 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Resick

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 56 N. Chapel St

Cause of Death { First, (Primary,) ——— Second, (Immediate,) Convulsions

Duration of last Sickness, all its life Feble

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 28th 1880

Undertaker, Ambrose Kohler

Place of Business, ———

Jam A Clemens M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by — Geo E. Taylor

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Schotten

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~~ *Years,* 9 *Months,* ~~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 7 Madeira Alley

Cause of Death First, (Primary,) Dentition

Second, (Immediate,) Convulsions

Duration of last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Forest St. Cem'y

Date of Burial, May 28th 1880

Undertaker, Henry Sander

Place of Business, 252 Canton Ave

James Kleinschmidt M. D.

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by – Geo E. Taylor

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th '80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Kelly

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} County Cavan Ireland

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number} 103 S. Castle St.

Cause of Death { First, (Primary,) Hypertrophy of Heart
Second, (Immediate,) Confestion of Lungs

Duration of last Sickness, 5 days

All the above Information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, May 28. 1880

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

John B. Crowe M. D.
Medical Attendant.

Address, 516 Saint Paul St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie E. Spedden

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ~~Duration of Residence in the City of Baltimore~~

Place of Death, {Give street and number} 79 Corp Dr

Cause of Death, First, (Primary,) Pertussis

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Dashiell Co Md

Date of Burial, May 29 80

H. A. Noble M. D.
Medical Attendant.

Undertaker, A. Hoelzel Denny

Place of Business, Ve 263 Pratt

Address, 79 Warren Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39988.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace R. Freeburger

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~Years,~~ 2 Months, 3 weeks ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 255 Light St Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 255 Light St

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, May 29 /80

Undertaker, Ambrose & Denny

Place of Business, No 263 Light St *Address,* 57 Barre St

H. W. Webster Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians ...

Board of Health, City of Baltimore.

Permit No. 39989

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Miss~~ Annie Jones

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 9 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 112 Balto Ave

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholerina Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, May 29—1880.

Undertaker, B. Hance.

Place of Business, Light St

Theodore Cook M.D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention

Board of Health, City of Baltimore,

Permit No. 29990

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H. Langrall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 414 Light St

Cause of Death, First, (Primary.) ~~Heath~~ Heat

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 29

Thos. Cotton M.D.,
Medical Attendant.

Undertaker, D. Gladden

Place of Business, 411 Light St *Address,* 146 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The SPECIAL ATTE

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named give names of parents.} Nicholas Ferdinand Miller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 4 Months, 20 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto

Duration of Residence in the City of Baltimore.

Place of Death, {Give street and number} 78 S. Caroline St

Cause of Death, {First (Primary,) Second (Immediate,)} Infantile Eclampsia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician

Place of Burial Loudon Park

Date of Burial, May 29th 1880

J. Dykstra M. D.
Medical Attendant.

{*Undertaker,* Wm A Miller
Place of Business, 12 Frederick Ave} Address 219 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Catherine Erpicubeck

Sex, Male or Female, {cross out the word not required in this line.}

Age, 30 *Years,* 2 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} S. W. Cor. Eager & Valley Sts.

Cause of Death First, (Primary,)

Second, (Immediate,) Hydrothorax

Duration of last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial,

Undertaker, Adam Fink

Place of Business, 461 N. Gay st.

M. Broate Bayly M. D.
Medical Attendant.

Address, 116 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 39993

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39993

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos A. Willis

Sex, Male or Female, {cross out the word not required in this line.} ~~Female~~

Age, 59 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, Merchant Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co. Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 25 Asquith

Cause of Death, First, (Primary.) Carcinoma of Stomach

Second, (Immediate.)

Duration of last Sickness, About Six Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, May 29-80

Edwd F. Michael M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 530 N. Fayette St *Address,* 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DUDLEY & CO. CITY PRINTERS AND STATIONERS.

[0782]

The Special Attention of Physicians is ...ited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 28 1880 BALTIMORE

Date of Death, May 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Wbig

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and number} 46 Holland St

Cause of Death {First, (Primary,) Phthisis

{Second, (Immediate,) ...

Duration of last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist Ch

Date of Burial, May 29 1880

Undertaker, Henry Hoeck

Place of Business, 304 N. Central *Address.* 3 E Balt St

Geo. S Kinnemon *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna B. Hall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* — *Months,* — *Days.*

Color, Col *Sex,* Female

Married, ~~Single,~~ ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Prince Georges Co Md

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 1012 Mulberry Court

Cause of Death, First (Primary,) —

Second (Immediate,) Cystitis

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, May 28 1880

Undertaker, William Lange

Place of Business, 1062 East St *Address* 26 W Pratt St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians [illegible] invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 28 1880 BALTIMORE

Date of Death, Friday May 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George DeHoff

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 3 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} E. Biddle St- near Greenmount Ave

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate,) Dyphthmatic Croup

Duration of last Sickness, Five Days.

All the above information should be furnished by the Physician.

Place of Burial, Shrewsbury Pa

Date of Burial, 31 May 6 Oclock

Wilmer Brinton M. D.
Medical Attendant.

Undertaker, Geo. C. Rodenmayer

Place of Business, 38 Exeter St

Address, 25 E Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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[OVER.]

The

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Anastasia Neal

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 10 *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 188 3/4 Tyson St.

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Not ascertained

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 29. 1880

Undertaker, Robt A. Jordan

Place of Business, 1260 Park Ave

I. E. Lindsay M. D.
Medical Attendant.

Address 159 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The Spec...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 39998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Date of Death, May 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Lacy

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 53 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 66 S. Gay St

Cause of Death. First (Primary,) Obstruction of the Bowels

Second (Immediate,) Collapse

Duration of Last Sickness, Only saw her abt two hours before death

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery near Govans

Date of Burial, May 29 1880

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Chas. Worth M. D.
Medical Attendant.

Address, 63 Bond St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 17114

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 39999

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Todd

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ~~~

Place of Death, {Give street and number} 195 Montgomery St.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co Md

Date of Burial, May 29th

H. B. Holt M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible]

Address, 17 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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[OVER.]

The Speci... ...ist of Diseases ... back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Cullen

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 21 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, House Maid

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, { Give street and number } City Hospital

Cause of Death, { First, (Primary,) Consumption of Lungs
Second, (Immediate,) Embolism

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, 29 May 1880

Undertaker, Jas B Byrne

Place of Business, 63 Hanover

J H Branham M. D.
Medical Attendant.

Address, City Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40001

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 26. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredk. Lighter

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, White,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Coal trimmer

Birthplace, {State or country, (and how long in the United States. if of foreign birth.} Balt. Md. since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 29 Holland st.

Cause of Death First, (Primary,) Gastric Hyperæmia

Second, (Immediate,) Convulsions

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, May 29th 1880

G. Glanville Luke M.D.
Medical Attendant.

Undertaker, Frey Bros

Place of Business, Broadway & Gaith *Address,* Balt. & Gaith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single), of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40002

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Champness

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, Years, 11 Months, 28 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} * 38 Fairmount Ave

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,) Prostration

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery *Medical Attendant,* E. P. Sons M.D.

Date of Burial, May 29 80

Undertaker, Fry & Bro

Place of Business, 34 W Broadway *Address,* * 406 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 40003

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40003

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Ernest Volmer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 11e *Years,* 4 *Months,* 26 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 24 Centre market House

Cause of Death, First, (Primary,) Epilepsy,

Second, (Immediate,) Convulsions

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 29

Undertaker, Charles Dyer

Place of Business, 151 Saratoga St

Geo. B. Reynolds M. D.
Medical Attendant.

Address, 43 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-... forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-... deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Lewis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, ol *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 21 Camel Alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Marasmus

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Lemmel Cemetery

Date of Burial, May 29th 1880

Undertaker, Wm H. Bishop

Place of Business, 97 Druid Hill Ave

S. R. Pass M. D.
Medical Attendant.

Address 220 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 40005

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40005

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28/80

Full Name of Deceased, {Write legibly and spell correctly. If unnamed, not named, give names of parents.} John S Trider

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 13 *Months,* ____ *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 13 mos

Place of Death, {Give street and number} 612 Parkin Pl

Cause of Death, First, (Primary.) Colon Infantum V

Second, (Immediate,) Convulsions

Duration of last Sickness, two (2) Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 29th 1880

Undertaker, J. McKenna & Son

Place of Business, 732 W. Balto

Jas L Shriver M. D.
Medical Attendant.

Address, 387 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40006

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Norman

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 36 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ger.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give street and number } City Hospital

Cause of Death, First, (Primary.) Left stroke

Second, (Immediate,) Oedema of lungs

Duration of last Sickness, 16 hours

All the above information should be furnished by the Physician.

Place of Burial, C. P. Cemetery

Date of Burial, May 29

Undertaker, Patrick Mullin

Place of Business, ...

J. H. Branham M. D.
Medical Attendant.

Address, City Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane E. Toles

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 12 *Years,* — *Months,* — *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Lancaster County Virginia

Du[redacted] Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and number} 117 S. Eutaw Street

Cause of Death {First, (Primary,) Exposure and Neglected Cold

Second, (Immediate,) Typhoid-Pneumonia

Duration of last Sickness, About Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, May 29th 1880

A. J. Foard M. D.
Medical Attendant.

Undertaker, Wm. H. Dunger

Place of Business, East St — *Address,* 165 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40008

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis F. Weyrick

Sex, Male or ~~Female~~, {cross out the word not required in this line.} M

Age, ... *Years,* 10 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 444 Cross St.

Cause of Death { First, (Primary,) / Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 30th

Undertaker, Henry Brisle

Place of Business, Hanover St 81

R. J. N. Talbot M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 4[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 29 1880 BALTIMORE

Date of Death, May. 28 — 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James. Feeney.

~~*Sex*~~, *Male or ~~Female~~,* {cross out the word not required in this line.}

Age, ... *Years,* 7. *Months,* 7. *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 7 Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} S. Clement st

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Convulsions

Duration of last Sickness, 10. Days.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, May. 29 — 1880.

Undertaker, W. A. Saiger

Place of Business, 714 S. Broadway.

Thos. A. Shuman M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

E & J Inv. E. Dunning

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 29 1880 BALTIMORE

Date of Death, May 27th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ind. Thomas

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 85 *Years,* — *Months,* — *Days.*

Color, Negro

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Virginia

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, { Give street and number. } No, Bethel St

Cause of Death, { First (Primary,) Pulmonalis Tuberculosis / Second (Immediate,) Tuberculous Pneumonia

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 29. 1880

Undertaker, Wickham Hyman

Place of Business, 13 Saratoga St

C. H. Miller M. D.
Medical Attendant.

Address 67 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 40011

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday May 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Intitle

Sex, Male or Female, {cross out the word not required in this line.}

Age, 00 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number} Cor Aisquith & Patuxent

Cause of Death, First, (Primary,) Cholera Morbus

Second, (Immediate,) Extinction

Duration of last Sickness, 4 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 30th 1880

Undertaker, H. A. Daiger

Place of Business, 74 S. Broadway

E. Donnellan M. D.
Medical Attendant.

Address, 17 Patuxent St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

No. 40012

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 28th. May 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helene Haas.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 53 *Years,* 11 *Months,* 18 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Braunsfeld, Prussia, Germany 28 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Hollins Street 249

Cause of Death, First, (Primary.) Carcinoma ventriculi

Second, (Immediate,)

Duration of last Sickness, 10 months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 30th 1880

William Haas M. D.
Medical Attendant.

Undertaker, S. Wiegand

Place of Business, 66 Druid Hill Ave

Address, S. Wolper 1102

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40013.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William DeSpirit

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... 1 *Months,* Twenty-Two *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 3 Cemetery Lane

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, May 29th, 1880

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

E. B. Fenby, M. D.
Medical Attendant.

Address, 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Sarah L. Beaufort

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, sixty five *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, her life time

Place of Death, {Give street and number.} No 4 Argyle ave

Cause of Death, First (Primary,) Remittent Fever with Complications

Second (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery Sam'l H. Anderson M. D.

Date of Burial, May 31st 1880 Medical Attendant.

Undertaker, Wm D Weaver

Place of Business, No 202 N. Eutaw St *Address* Franklin & Pine sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4001

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bennett Williams

Sex, Male or Female, {cross out the word not required in this line.} M.

Age, ... *Years,* 6 *Months,* 20 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 wks

Place of Death, {Give street and number} 3 S. Front St

Cause of Death { First, (Primary,) Remingitis

, { Second, (Immediate,)

Duration of last Sickness, 4 wks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, May 29 1880

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Geo. D. Kummer M. D.
Medical Attendant.

Address, Eastern Disp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 4 0 1 6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4 0 0 1 6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Staudt,

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 5 *Years,* 1 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City all his life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 457. E. Baltimore St

Cause of Death { First, (Primary,) Diptheria — Second, (Immediate,) Exhaustion

Duration of last Sickness, 10 days —

All the above Information should be furnished by the Physician.

Place of Burial, H. Hebrew Cem

Date of Burial, May 29th

Undertaker, W. Bippel

Place of Business, S. Bond st 151 *Address,* 86 E. Fayette St

L. J. Dohme, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 29 1880 BALTIMORE.

Date of Death, May 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Pundt

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, W

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~or *Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and number.} 265 Canton Avenue

Cause of Death, First (Primary,) Old age

Second (Immediate,) Exhaustion

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel County

Date of Burial, May 30th 1880

Undertaker, John Austin

Place of Business, 265 Canton Ave

Chas M. Morfit M. D.
Medical Attendant.
Coroner C. C.

Address 16 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 40010

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40018

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1880

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Caulk

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Jamaica

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number} 297 South Charles Street

Cause of Death, First, (Primary.) Uterine Cancer

Second, (Immediate.) Asthenia

Duration of last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 30

Undertaker, Thos. Lang & Son

Place of Business, 1126 Md Ave

J. R. Wiley M. D.
Medical Attendant.

Address, 157 Hanover St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[0V48.]

No. 4001

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40019

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28 - 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Brady

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* *Days.*

Color,

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 1 yr 6 mts

Place of Death, {Give street and number} 16 C Hughes st

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem'y

Date of Burial, May 29th 1880

Undertaker, Timothy Lamy

Place of Business, 263 Light st

R. A. P. Ellis *M. D.*
Medical Attendant.

Address, 312 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE MAY 29 1880

CERTIFICATE OF DEATH.

Date of Death, May 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edd Raymor

Sex, Male, Female, {cross out the word not required in this line.}

Age, Years, 10 Months, [redacted] Days.

Color, Colored

Married, Single, Widowed, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 12 [redacted] Buren St Belview Front St

Cause of Death {First, (Primary,) Cholera Infantum Liberally

Second, (Immediate,)

Duration of last Sickness, aft 3 day

All the above information should be furnished by the Physician.

Place of Burial, Eastern Public Cem'y

Date of Burial, May 29 1880

Geo. L. Kinemon M. D.
Medical Attendant.

Undertaker, Pat Mullin

Place of Business, P. Park ave *Address,* Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as near as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jasper Gibson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Carroll [redacted] Co

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, { Give street and number. } 514 Druid Hill Ave

Cause of Death, { First (Primary,) Second (Immediate,) } Cholera Infantum

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 29th May 1880

Alex Tilley M. D.
Medical Attendant.

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St. *Address* 386 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1 102

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40025

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29 May 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Bacon

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 7 Morris alley

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Locust Cemetery

Date of Burial, May 30 1880

Undertaker, William Burgess

Place of Business, No 62 East St

M K Warner M. D.
Medical Attendant.

Address, Locker & Lawrence

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44023

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Leeds

Sex, Male or Female, {cross out the word not required in this line.} Female.

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 491 Lexington

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) ____

Duration of last Sickness, about 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetary

Date of Burial, May 29. 1880

A. H. Layton M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 704 W. Balto St. *Address,* 543 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 4102

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Murdoch

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 72 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Tinner Lately

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, { Give street and number } 25 S. Schroeder

Cause of Death, { First, (Primary,) Cerebral Softening / Second, (Immediate,)

Duration of last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 30th 1880

Undertaker, Robt. L. Cook

Place of Business, No 707 W. Baltimore Street

John Neff M. D.
Medical Attendant.

Address, 558 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 4002

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 46025

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Temperace Yealdhall

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundle Co Md

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give street and number} 116 Ramsay St.

Cause of Death, First, (Primary,) Valvular Disease Heart

Second, (Immediate,) Dropsy

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 30th 1880

Undertaker, Joseph Cook

Place of Business, 116 Ramsay St. *Address,*

S T Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40026

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Irvin Henning

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, Four Months, eight Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore - Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No. 213 Ramsey Street

Cause of Death, {First (Primary,) Cholera Infantum / Second (Immediate,)}

Duration of Last Sickness, About Three days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, May 30th 1880

J. Ridgely Hammond M. D.
Medical Attendant.

{*Undertaker,* Jos. B Cook
Place of Business, No 707 W. Baltimore Street} *Address* Cor. Calhoun & Hollins City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick L. Michel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 51 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, House Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Maryland

Duration of Residence in the City of Baltimore, about 31 years

Place of Death, {Give street and number.} 471 N Pratt St

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) 3 days.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, May 30th 1890

Undertaker, Jos. S. Cook

Place of Business No 707 W. Baltimore street

E. W. Weber *M. D.*
Medical Attendant.

Address 298 N Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ... fica...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41128.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ..., to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry S. Coates Son of Father

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One month Years, ~~Months,~~ ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 2 Eutaw St (N)

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetary

Date of Burial, May 29 1880

Undertaker, Geo Safford

Place of Business, 121 Penna Ave

A. O. Hunt M. D.
Medical Attendant.

Address, Cor Penna & Pratt Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41029

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chester Bollinger

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 0 *Years,* 0 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 150 Eager St.

Cause of Death First, (Primary,) Convulsions

Second, (Immediate,) 2 days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 29. 1880

Undertaker, George Shilling

Place of Business, Cor Monument & Argyle *Address,* 166 E. Eager

Jno. Brooke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 40030

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 29 1880 BALTIMORE

Date of Death, May 28th. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Bailey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 4 *Months,* 25 *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 4 mos 25 days

Place of Death, {Give street and number.} 19 Jordan alley

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) " "

Duration of Last Sickness, 4 mos. 25 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, May 29th 1880

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

Richd Henry Thomas M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ... Certific...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44031

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Hess

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. }

Age, ——— *Years,* 3 *Months,* 3 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } S. E. Cor Ann & Aliceanna

Cause of Death { First, (Primary,) Mal nutrition. Second, (Immediate,) Convulsions

Duration of last Sickness, One day

All the above Information should be furnished by the Physician.

Place of Burial, Trinity Ch Cem

Date of Burial, May 30th 1880

James A Steuart M. D.
Studied Allegheny.

Undertaker, H. Froehlich

Place of Business, Eastern ave

Address, Comm of Health & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by- Lew E. Taylor

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 411132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday May 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Scully

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 5-6 *Years,* — — *Months,* — — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 60 Davis St

Cause of Death, {First (Primary,) Second (Immediate,)} Pulmonary Congestion & Heart Congestion of Lungs 5 Months

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemet

Date of Burial, May 30 1880

Undertaker, Jas O Byrne

Place of Business, 68 Hanover

Address 51 h Calvert St

A. Adams M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41733

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Godwin

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 3 Years, Months, Days.

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and number} 293 East Fayette Street

Cause of Death First, (Primary,) Scarletina

Second, (Immediate,) Bright's disease

Duration of last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial,

Undertaker, Jas. Byrne

Place of Business,

Milton N. Taylor M. D.
Medical Attendant.

Address, Broadway & McElderry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Sickel

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 5 N Gay Ann & Bank

Cause of Death {First, (Primary,) Asthenia

{Second, (Immediate,) .....

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel cemetery

Date of Burial, May 30th 1880

Geo. L Kinnamon *M. D.*
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 155 Broadway *Address,* Balt Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry L. Eigenbrot

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 15 *Months,* ——— *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 297 Hanover St.

Cause of Death, {First (Primary,) Tubercular Meningitis / Second (Immediate,) Convulsions, Coma

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Laudenpark. Cem

Date of Burial, May 30th 1880

Undertaker, Julius Koehler

Place of Business, Sharpe Cross st

DeLancey H Barclay M. D.
Medical Attendant.

Address 47 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics.

Permit No. 41096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28. 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Moyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 24 Cross St

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia 8 days

~~1st Stage~~

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery Hollins Ave Co M.D.,

Medical Attendant.

Date of Burial, May 30

Undertaker, B. Hunt

Place of Business, 414 Light St. *Address,* 146 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 4

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 88

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Motschmann

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} 46 Tamsallen

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) Apoplexis

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 31

Undertaker, B. Mazle

Place of Business, 411 Light St. *Address,* 95 S. Sharpe

H. Albers *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Bulhast

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 18 *Days.*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} 299 N. Durham St.

Cause of Death {First, (Primary,) ; Second, (Immediate,)} Erysipelas.

Duration of last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, St Mphonsus Ct

Date of Burial, May 30th 1880

Undertaker, Henry Haeck

Place of Business, 309 Central Avenue

Aug. H. Erich M. D.
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

ECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the f the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to h within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- rth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 30 18

CERTIFICATE OF DEATH.

Date of Death, May 28. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Lamb

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 105 Lee St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) ____

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, May 30

Undertaker, Jacob Lewis

Place of Business, 103 Lee St

H. Schwatka M. D.
Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 440440

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* , to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 30 1880

CERTIFICATE OF DEATH.

Date of Death, May 28 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget M. Boyle

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 3 Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 150 Chesapeake st

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) 6 Weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, May 30. 1880

Undertaker, H A Dauzer

Place of Business, 714 S Broadway

E. W. Jamney M. D.
Medical Attendant.

Address, Baltimore Md

Oulie B.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible] Certificate.

Board of Health, City of Baltimore,

Permit No. 40041

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arrietta Velmore Schumtze

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number} 239 N. Bidleff

Cause of Death, First, (Primary.) Mammary Carcinoma

Second, (Immediate.) Cachexy - exhaustion

Duration of last Sickness, about 7 years (seven)

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 31st 1880 Christopher Johnston M. D.

Medical Attendant.

Undertaker, Andrews [illegible]

Place of Business, 46 [illegible] *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. HOLLAND & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ...

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christ. Pasquay

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Dyer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty-four yrs.

Place of Death, {Give street and number} E. Fayette St

Cause of Death {First, (Primary,) Marasmus
Second, (Immediate,) Exhaustion
Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, May. 31. 1880

Undertaker, C. Eckhardt

Place of Business, 269 Canton Ave

G. G. Luck *M. D.*
Medical Attendant.

Address, Balt. & Mack. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 4 P. M. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lennie May Walsworth

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 0 *Years,* 7 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 1 & 21 Lane Leter Street

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,)

Duration of last Sickness, 5 Days. Was Sick Two Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, May 29th

Undertaker, Henry Frechlich

Place of Business, 246 Easter Av

Emile E Denelle M. D.
Medical Attendant.

Address, 99 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 4

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 4004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Smidt

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~88~~ 78 *Years,* 10 *Months,* *Days.*

Color, Wh White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number} 95 Jefferson

Cause of Death, First, (Primary,) old age

Second, (Immediate,) exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, May 31st 1880 J. J. Knight M. D. Medical Attendant.

Undertaker, J. Leinbach

Place of Business, 589 W. Balto St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...L. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44045

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Gorsuch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* 2 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and number} 46 N. Gay St

Cause of Death, First, (Primary.) Diarrhoea Colliquative

Second, (Immediate,) Cerebral Effusion

Duration of last Sickness, Last 2 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, May 31st 1880

Gustavus Baker M. D.
Medical Attendant.

Undertaker, Henry Hughes

Place of Business, 110 E Balto

Address, 49 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4111146

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Fulton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Physician,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co. Md.

Duration of Residence in the City of Baltimore, 53 years

Place of Death, {Give street and number.} 418 Eutaw Place.

Cause of Death, First (Primary,) Chronic Rheumatism, & Hypertrophy of Prostate, with Renal Calculi.

Second (Immediate,) Asthenia

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Hamilton Smith, M. D.

Date of Burial, May 31st 1880 Medical Attendant.

Undertaker, Thos L Murphy

Place of Business, 40 E Balto *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40,047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 3, 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30, 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Peterson.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 19 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, General house work.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Charles Co. Maryland.

Duration of Residence in the City of Baltimore, 7 weeks in this hospital.

Place of Death, {Give street and number} Maternité 161 W. Lombard St.

Cause of Death, First, (Primary.) Puerperal scarlatina.

Second, (Immediate,) Asthenia.

Duration of last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Ca Medical Cem'y or Bonnie Brae

Date of Burial, May 31st 1880

Undertaker, Jos. H. Byrne

Place of Business, 57 N. Liberty St

Spencer M. Free M. D.
Medical Attendant.

Maternité

Address, 161 W. Lombard St.
Balt. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BULLETT & CO. CITY BLANK BOOKS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40048

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

PUBLIC MAY 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Linda May Morris

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, — *Years,* — *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 41 Forrest Place

Cause of Death, First, (Primary.) Debility &c.

Second, (Immediate.)

Duration of last Sickness, Probably feeble from birth.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 31st 1880.

D W Cathell M. D.
Medical Attendant.

Undertaker, Wm H. Hickman

Place of Business, 234 E. Gay St. *Address,* 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Pattison

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 79 *Years,* 0 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ~~~.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co. Md

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and number} #335 E. Baltimore St.

Cause of Death, First, (Primary.) Dysentery

Second, (Immediate.) Exhaustion

Duration of last Sickness, 3½ wks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 1st 1880

Geo A. Hartman M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 658 Broadway *Address,* # 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40050

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Conrad Smith

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 1 *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 93 Lancaster Street

Cause of Death, First, (Primary,) Pneumonitis

Second, (Immediate,) ____

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, June 1st 80

James T. Shue M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,* [illegible] Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi

Board of Health, City of Baltimore,

Permit No. 40051

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

Sex, Male or Female, { cross out the word not required in this line. } .....

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } .....

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, ...

Date of Burial, ... | ..... *M. D.*

Medical Attendant.

Undertaker, ...

Place of Business, ... | *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41052

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Lillian Johnnie Gorker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* Eight *Months.* Twenty-four *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 114 Lanvale st

Cause of Death, First (Primary,) Dentition - with Cholera Infantum

Second (Immediate,) Death

Duration of Last Sickness, Three Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, May 31st 1880

Undertaker, Andrews & Hodges

Place of Business, No 46 Druid Hill Ave *Address*

J. H. Gorker M. D.
Medical Attendant.
No 114 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} G. C. Chapman Little.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 5 ~~Months~~, 4 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, C

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland 4 9.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 215 E. Fayette St

Cause of Death { First, (Primary,) ..... Cholera Infantum

Second, (Immediate,) ..... 3 days

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 31st 1880

Undertaker, Henry W. Mears

Place of Business, 145 N. Gay St. *Address,* 53 E. Baltimore St.

D. W. Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 31 1880 BALTIMORE

Date of Death, May 29 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Leonard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 55 Watson Street

Cause of Death, {First (Primary,) Second (Immediate,)} Inanition from birth

Duration of Last Sickness, from birth

All the above information should be furnished by the Physician

Place of Burial, St Paul Cem'ty

Date of Burial, 31 of May 1880.

Undertaker, J. L. Kostrite

Place of Business, 99 Orleans St.

C. H. Thomas M. D.
Medical Attendant.

Address 85 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* , to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1880 — 12 M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jasper

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 15 Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 91 N Washington St

Cause of Death { First, (Primary,) Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cemetery.

Date of Burial, 31st of May.

{ Undertaker, Fred Goede

{ Place of Business, 29 E Carolina St.,

A Schaefer M. D.
Medical Attendant.

Address, 11 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to urnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ing forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per on deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40056

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30 eth 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rodger Williams Price

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Years, Elven Months, twelve Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 371 Lanvale St

Cause of Death First, (Primary,) First Catarrh then Cholera infantum

Second, (Immediate,) Hydrocephaloid & Convulsions

Duration of last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 1st 1880

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw

Elias C Price M. D.
Medical Attendant.

Address, 962 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 44457

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 31 1880 BALTIMORE

Date of Death, 30th May, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ferguson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 6 *Years,* 7 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Merchant — Grocer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cumberland Co. Pa.

Duration of Residence in the City of Baltimore, 30 Years.

Place of Death, {Give street and number} 337 Franklin St.

Cause of Death, First, (Primary,) —

Second, (Immediate,) Tubercular Consumption of Lungs

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 1st 1880

Undertaker, Wm Hearn

Place of Business, No 202 N. Eutaw St

W. M. Littell, M. D.
Medical Attendant.

Address, 425 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07 28.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40058

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 3
1880
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura B. Murphy

Sex, Male or Female, {cross out the word not required in this line.}

Age, 21 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and number} 49 How ostreet

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, June 2nd 1880

Undertaker, F. V. Fall

Place of Business, #131 Hanover St *Address,* 365 Light st

Robt. L. Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 40059

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. E. McCullough

Sex, Male or Female, {cross out the word not required in this line.} M

Age, Years, 6 Months, 7 Days.

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 25 S Central Ave

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Old Catholic Cemetery

Date of Burial, 31 May

Undertaker, J. H. Cook

Place of Business, 707 W. Balto St

A. T. Reynolds M. D.
Medical Attendant.

Address, Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John D. Dr Cornelius

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 68 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Shucker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number} 490 E. Chase st

Cause of Death First, (Primary,) Paralysis - hemiplegia

Second, (Immediate,)

Duration of last Sickness, 16 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 31st 80

Undertaker, Geo Schilling

Place of Business, Ashland Square

W. B. Billingslea M. D.
Medical Attendant.

Address, Harford Ave & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1880 BORO

CERTIFICATE OF DEATH.

Date of Death, May 29 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie H Clay

Sex, Male or Female, {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 229 Dolphin St

Cause of Death First, (Primary,) Albuminuria

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 31

Undertaker, H H Blizzard

Place of Business, 201 Dolphin

Dr. C. Howard M. D.
Medical Attendant.

Address, Cary & Pulton Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 4

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40062

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29/ 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Hackmann

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 32 N. Pepke st

Had Hy drocephalus / *Cause of Death,* {First, (Primary.) Cholera Infantum

{Second, (Immediate,)

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, May 31st 1880

Undertaker, Jas. S. Cook

Place of Business, No 724 N. Baltimore Street

Thomas Opie M. D.
Medical Attendant.

Address, 581 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 411163

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie A. Hart.

Sex, Male or Female, {cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* 20 *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 132 Harmony Lane

Cause of Death { First, (Primary,) Cholera Infantum
, { Second, (Immediate,)

Duration of last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Thorpe St Cemetery

Date of Burial June 1 1880

Undertaker, William N Benge

Place of Business, No 62 East West

Jno. T. King *M. D.*
Medical Attendant.

Address, 76 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oline Daines

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* 6 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, La Petite

Place of Death, {Give street and number} 66 Ridgely St

Cause of Death First, (Primary,) Bronchitis

Second, (Immediate,) Apnoea

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 31st 1880

Undertaker, Wm Thacker

Place of Business, No 150 Camden

A. McColloch, M. D.
Medical Attendant.

Address, 343 N. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Punte

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 3 hours ~~Days~~

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 373, Eastern ave

Cause of Death { First, (Primary,) Premature Birth / Second, (Immediate,) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 31st 1880

Undertaker, H. Mh. Gibney

Place of Business,

James A Steuart M. D.

~~Health Commissioner~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 30th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Henry Scott

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } 52 Bruce St near Saratoga St

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Cholera Infantum

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, May 31 1880

John H. Sims M. D.

Undertaker, Wm. Dunges

Place of Business, East St

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Brown

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 400.67

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 29 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias F. Hines

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* ____ *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Over 1 year

Place of Death, {Give street and number} 4 Biddle near Broadway

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Asphyxia

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Chapel Cemetery

Date of Burial, May 31 1880

Undertaker, John H. Owens

Place of Business, 225 S. Central Av

H. J. Booze M. D.
Medical Attendant.

Address, 206 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40068

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31st 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Minnie Louise Weber

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, " *Years,* 11 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 90 N Caroline st

Cause of Death { First, (Primary,) Convulsions / Second, (Immediate,) a

Duration of last Sickness, about four days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, June 1st 1880

Undertaker, Leonhard Kurz

Place of Business, S. Bond str. cor. Aliceanna

D. M. Battell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41169

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Johnson

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* Six weeks *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 78 Welcome Alley

Cause of Death { First, (Primary,) Cholera Infantum / Second, (Immediate,) Convulsions

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Bank St B.G.

Date of Burial, May 31

Undertaker, Jacob Davis

Place of Business, 123 Eden

Julius Hall M. D.
Medical Attendant.
Southern Dispensary

Address, 77 Hill st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1888 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F Jones

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Mother of a Family

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 83 Battery avenue

Cause of Death, {First (Primary,) Red softening of brain / Second (Immediate,) Apoplexy}

Duration of Last Sickness, about 3 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, June 2nd 1888

Undertaker, F. Krause

Place of Business, 209 Hanover

Rich'd Henry Thomas M. D.
Medical Attendant.

Address 191 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 4

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 40071

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Roach

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ——— *Years,* one *Months,* ——— *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and number} 133 Fulton Ave

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) ———

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Washington DC,

Date of Burial, June 1st 1880

Thomas Opie M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 1707 W Fayette St *Address,* 581 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Granite 1787

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Sunday May 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Weber.

Sex, Male or ~~Female,~~ {cross out the word not required in this line.} Male

Age, 60 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Restaurateur

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 435 Susanna St

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,) Phthisis Pulmonalis Hemorrage

Duration of last Sickness, One Month and 16 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 1st of June

Undertaker, Fred Ford

Place of Business, 204 Baltimore St.

J. E. Pinard M. D.
Medical Attendant.

Address, 250 Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 411173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT JUN 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31, 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Daniels

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1/24th *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 1 hour

Place of Death, {Give street and number} 20 Boyd

Cause of Death First, (Primary,) Injury from protracted delirium

Second, (Immediate,)

Duration of last Sickness, 1 hr

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 1 1880

Undertaker, S W Chase

Place of Business, 20 & 98 Howard

E M Eastman M. D.
Medical Attendant.

Address, 349 Reed

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bk.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4110174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam W Dixon

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 79 *Years,* 9 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Black Smith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 379 Hanover St

Cause of Death First, (Primary,) Old Age

Second, (Immediate,) Dysentery

Duration of last Sickness, 4 Days

All the above Information should be furnished by the Physician.

Place of Burial, Weston Cemetery

Date of Burial, June 2d 1880

Undertaker, John Thacher

Place of Business, No 150 Lombard

No Data M. D.
Medical Attendant.

Address, 16 South Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44117 5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lydia A. Thiemeyer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} 489 Hanford ave,

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) "

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Balt County A. G. Watson *M. D.*

Medical Attendant.

Date of Burial, June 2th 1880

Undertaker, Rau & Bartell *Address* N. Central Ave.

Place of Business, 624 N. Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Ba[illegible]

Permit No. 411076 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Sweeney

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number.} Hunters Alley near John

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Diarrhoea

Duration of Last Sickness, 10 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holly Cross

Date of Burial, June 3rd/80

Undertaker, Geo Schilling

Place of Business,

Wm Whitridge M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

No. 1

Board of Health, City of Baltimore,

Permit No. 44077

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31, 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian Virginia Y...

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 15 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 418 & 418 N. Gay St.

Cause of Death, First, (Primary,) Cholera Infantum Diarrhoea

Second, (Immediate,) Convulsions Hem...

Duration of last Sickness, 36 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 1st

Undertaker, Geo. Schilling

Place of Business,

H. C. White, M. D.
Medical Attendant.

Address, 341 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura L. J. Francis

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age 29 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 126 Myrtle Av

Cause of Death, First, (Primary,) ~~Phthisis~~ Pneumonia & Pleurisy

Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 2 80

E. E. Browne *M. D.*
Medical Attendant.

Undertaker, Lambert & Manns

Place of Business, 35 Park Av *Address,* 307 Madison Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44079

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie E. Braden

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, *Years,* 4 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 157 E. Eager St.

Cause of Death First, (Primary,) Dentition

Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 2nd 1880

Undertaker, Chas T. Scriven

Place of Business, 271 N. Eutaw St. *Address,* 166 E. Eager St.

Jno. Brooke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 411180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st - 1 am.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Muller

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Two — *Years,* Six — *Months,* — *Days.*

Color, White —

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, Child —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, all ts life

Place of Death, {Give street and number} 7 N. Eden St

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) & Membranous —

Duration of last Sickness, about four days —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 2th 1880

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

G. D. Johnson M. D.
Medical Attendant.

Address, 86 - E. Fayette St —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1870 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 28th 1870; 2 o'clock, P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Celia Salmon

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} # 33 Sharett Street, Balt. Co.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} # 22 Sharett Street.

Cause of Death First, (Primary,) Inf. of Stomach.

Second, (Immediate,) Convulsions

Duration of last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Balt. County

Date of Burial, June 1 70

Undertaker, Mulany & Denny

Place of Business, # 263 Light St

Smith Gardner, M. D.
Medical Attendant.

Address, 1 E. Co. Court House, Towson.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. MULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ... No. 2...

Board of Health, City of Baltimore,

Permit No. 40082

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 11 1870

Date of Death, May 31 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Herman Schmidt

Sex, Male or Female, {cross out the word not required in this line.}

Age, 32 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Segar Maker

Birthplace, {State or Country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Every life

Place of Death, {Give street and number} 74 Pa Ave

Cause of Death, {First, (Primary,) Consumption / Second, (Immediate,)

Duration of last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 2nd

Undertaker, C. C. Haushel

Place of Business, 48 Penn Ave.

J. J. Miller M. D.
Medical Attendant.

Address, 89 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Ba...

Office of Registrar of Vital Statistics.

Permit No. 40083

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Stuart

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Durst alley Church Lane

Cause of Death, First, (Primary.) Membranous Croup

Second, (Immediate.)

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 1st

Undertaker, B. Hanlon

Place of Business, #411 Lafayette Ave.

Theodore Cook M.D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander D. Watson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 54 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bladensburg Maryland

Duration of Residence in the City of Baltimore, Near all of his life

Place of Death, {Give street and number} 173 West Pratt St

Cause of Death First, (Primary,)

Second, (Immediate,) Paralysis of the Heart

Duration of last Sickness, About five Minutes

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 2d 1880

Undertaker, Henry W. Mears

Place of Business, 46 N. Gay St

C. A. Bell M. D.
Medical Attendant.

Coroner

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore,

Permit No. 411085

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21. 80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wilhelmina L. Lindmeyer

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, ____ *Years,* five *Months,* ____ *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number } 73 Columbia Ave.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Meningitis

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 22 (80

Undertaker, Philipp S. Dill

Place of Business, 183, Columbia Ave

Louis R. Horn M. D.
Medical Attendant.

Address, 226 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 44486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Coldewei

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, X *Years,* 1 *Months,* 16 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 9 Watson Court

Cause of Death, First, (Primary.) Catarrhal Indigestion

Second, (Immediate,) Marasmus

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 1 1880

Undertaker, Geo Zeuler

Place of Business, Wolfe St *Address,*

J Watson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Re...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie Elder

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ... *Years,* ..... *Months,* Abt 2 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Boston Mass.

Duration of Residence in the City of Baltimore, Her entire 9 days

Place of Death, { Give street and number } St Vincents Infant Asylum Maryland

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, When admitted

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 2. 1880

Undertaker, Wm Bramhall

Place of Business, 153 Division St.

Mathew Brown M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44088

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 31 May 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Maternité

Duration of Residence in the City of Baltimore, In attention 10 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death { First, (Primary,) Asthenia
Second, (Immediate,)

Duration of last Sickness, From Birth

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 2. 1882

Undertaker, J. Bannigan

Place of Business, 156 Division St.

Maitland Brune *M. D.*
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel A. Litchfield

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 60 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, Machinist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, About 30 years

Place of Death, {Give street and number} 24 S Carey St

Cause of Death First, (Primary,) Apoplexy

Second, (Immediate,) "

Duration of last Sickness, Six hours

All the above information should be furnished by the Physician.

Place of Burial, ~~Mount~~ Green June 1st

Date of Burial, Western Cemetery

Undertaker, Thos. Dodey & Son.

Place of Business, 41 Hanover St.

W. H. Keyser M. D.
Medical Attendant.

Address 101 Fayette & Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, [illegible] *Years,* 20 *Months,* 2 1 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and number } [illegible]

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) [illegible]

Duration of last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cem.

Date of Burial, June 1st 1886

Undertaker, [illegible]

Place of Business, 252 Canton Ave

[illegible] *M. D.*
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah V. Williams Mallory Parents

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1/3 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balty City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} No 5 S. Register St. of

Cause of Death {First, (Primary,)} Premature Birth (7 mos

{Second, (Immediate,)} asthenica

Duration of last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery

Date of Burial, June 1st 1880

Undertaker, Wm Mallory

Place of Business, 5 S. Register

James A Steuart M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E Taylor

Board of Health, City of Baltimore,

Permit No. 40192

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Henry Rann

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, about 29 — *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, to convict in State Prison

Birthplace, {State or country (and how long in United States, if of foreign birth.)} .....

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,) Tuberculosis (Consumption),

Second (Immediate,) Typhoid Pneumonia

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, B.O. Cemetery

Date of Burial, May 31

Undertaker, Patrick Mullin

Place of Business, ...

Silas Baldwin M.D.
Medical Attendant.

Address, 152 Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 110193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 11 1880 BALTIMORE

Date of Death, May 31 at

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Chester

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* four *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 2 Winter Alley

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) Spasms

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, June 2 1880

Undertaker, Hercules ross

Place of Business, 95 Conway st

Julius Hall M. D.
Medical Attendant,
Southern dispensary

Address, 77 Hill st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 41179 C

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE JUN 12 1880

CERTIFICATE OF DEATH.

Date of Death, June 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Michael Artlin

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ 8 *Months,* 2 *Days.*

Color, White *Sex,* M

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 99 South Front St.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, sick almost from birth

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, June 12

Undertaker, J P Cook

Place of Business, 707 West Baltimore *Address*

Jno. S. Gay M. D.
Medical Attendant.

Park Ave & Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4111 95

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert H. Wailes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* Five *Months,* ... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, Several weeks

Place of Death, {Give street and number.} N. Calhoun St No 433

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsion

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Calvert Co Md

Date of Burial,

Undertaker, C. H. Blizzard

Place of Business, Penn Ave *Address*

L. G. Sparrow M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Francis 7788

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caleb F. Price

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 48 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Engineer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ashland Balto Co

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number} 492 Monument St

Cause of Death { First, (Primary,) Injury Received by Runaway Accident
Second, (Immediate,) Tetanus

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Ashland Balto Co

Date of Burial, June 2nd 1880

Undertaker, Thos S Hughes

Place of Business, 411 E Balto

Applegarth M. D.
Medical Attendant.

Address, 137 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

1789 Trans

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 1880 BALTIMORE

Date of Death, May 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta F. R. Galeman. Parents

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, [redacted] *Years,* [redacted] *Months,* 8 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 177 Hughes St

Cause of Death { First, (Primary,) ; Second, (Immediate,) } Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, June 2nd 1880

James F. Sleman M. D.

{ *Undertaker,* Armstrong & Dudley
{ *Place of Business,*

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Exam by John E. Burdine

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 41098

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Mëge

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 72 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cecil Co. Md.

Duration of Residence in the City of Baltimore, 62 years

Place of Death, {Give street and number} 284 Ann St

Cause of Death, First, (Primary.) Disease of Mesentery glands.

Second, (Immediate.)

Duration of last Sickness, Began two or three years ago

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 2nd 1880

D W Cathell M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr Wm Henry Johnson

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Fifty Seven *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Tobacconist

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Alexandria, Va

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, { Give street and number } No 47 North Broadway

Cause of Death, First, (Primary.) —

Second, (Immediate,) Consumption

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Jan 3rd 1880 Wm H Landrum, M. D.

Medical Attendant.

Undertaker, Henry & Mitchell

Place of Business, 65 S Broadway *Address,* No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. ____

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1st June 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schmelz

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life time.

Place of Death, {Give street and number} Fell Street 8.

Cause of Death, First, (Primary.) Sensatitis epithoea.

Second, (Immediate.)

Duration of last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 2 June 1880

Undertaker, John C. Gilruth

Place of Business, 265 Aliceanna Address. S. Wolfe St. 117

Wilhelm Henkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40101

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31st 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Carr

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, One *Years,* Yrs *Months,* *Days.*

Color, Brown

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, none

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and number} 64 S. Dallas St

Cause of Death, First, (Primary,) Bronchial Catarrh & Scarlet

Second, (Immediate,) Convulsions

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, June 2 1880

Undertaker, Edward J. Locke

Place of Business, 73 Jefferson St. *Address,* 116 E. Fayette St.

Whitfield Vinson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40102

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John, Ogier,

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Gardener,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Guernsey Eng.

Duration of Residence in the City of Baltimore, Sixty three yrs.

Place of Death, {Give street and number} E. Monument St. cor.

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) & Laus tion

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Ce

Date of Burial, June 3d 1880

Undertaker, Andrews & Hodges

Place of Business, No 416 Druid Hill Ave

G. Glanville, Jr. M. D.
Medical Attendant.

Address, Balt. & Stark. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 44103

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Whistler

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 70 *Years,* 2 *Months,* ..... *Days.*

Color, White

~~*Married,*~~ ~~*Single,*~~ ~~*Widow*~~ *or Widower,* {Cross out the word not required in this line.}

Occupation, ~~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Chester Co. Penn.a

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give street and number} #310 Eighth St.

Cause of Death, First, (Primary,) Cerebral Softening

Second, (Immediate,) Hemorrhage

Duration of last Sickness, Some 7 or 8 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 2nd 1880

Undertaker, Wm H. Hickman

Place of Business, 234 E. Gay St.

Geo A Wartman M. D.
Medical Attendant.

Address, #305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

–[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. Evelin Sturge

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, Sixty Six Years, ——— Months, ——— Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia, Pa,

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number} # 163 Carrollton ave. Balto. Md.

Cause of Death, First, (Primary,) " Phthisis Pulmonales "

Second, (Immediate,) one year or more

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cem

Date of Burial, 4th June 1880

Undertaker, Hy. W. Jenkins & Son

Place of Business, * 16 Light St

J. J. Chisholm M. D.
Medical Attendant.

Address, 584 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 4 11 1 0 5

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JUN 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Fassano

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, About 40 years

Place of Death, {Give street and number.} No 360 North Charles

Cause of Death, First, (Primary.) Organic Heart Disease

Second, (Immediate.) Bright's Disease

Duration of Last Sickness, About five months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 2nd June 1880

Undertaker, H. H. Jenkins & Son

Place of Business, 16 Light St

H. H. Wilson Jr M.D.,
Medical Attendant.

Address, No 146 Park Av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUN 2 1880 BALTIMORE

Date of Death, June 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lavinia Henry

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 19 *Years,* 8 *Months,* — *Days.*

Color,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co, Md.

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number} 118 St Peters Street

Cause of Death {First, (Primary,) Obstinate Convulsions

Second, (Immediate,) Peritonitis

Duration of last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md.

Date of Burial, June 2d 1880

Undertaker, John Thacher

Place of Business, No 150 Bond St

A. A. Cockburn M. D.
Medical Attendant.

Address, 343 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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No. 40107

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Gowell.

Sex, Male or Female, {cross out the word not required in this line.} Male.

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 35 Gilston Court

Cause of Death, First, (Primary,) not positively known, having been in office only a few minutes when called there and no indication of being under a strong narcotics - presumed Rheumatism opium poisoning.

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 2 - 1880.

Undertaker, C. H. Hammett

Place of Business, 83. Poppleton St

C. H. Gilston M. D.
Medical Attendant.

Address, 543 Gilston Ch

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40108

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40108.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bud Johns

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~ *Years,* 7 *Months,* ~ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 39 Commerce St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 2 1880

Undertaker, William N Jones

Place of Business, No 62 East St

D W Cathell M. D.
Medical Attendant.

Address, 211 Broadway,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0742.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40109

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherin Johnson,

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 25 *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 108 Robert St.

Cause of Death First, (Primary,) Rickets.

Second, (Immediate,) Rickets.

Duration of last Sickness, a year.

All the above information should be furnished by the Physician.

Place of Burial, Loudenbeg

Date of Burial, June 2 1880

Undertaker, William Burge

Place of Business, No 625 East Street

H. Rumsey M. D.
Medical Attendant,

Address, 175 Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 40110

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 25 1880 BALTIMORE

Date of Death, June 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Sheldon Lee

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 39 *Years,* 1 *Months,* 9 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 262 S. Eutaw st

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.)

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, June 3th 1880

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts *Address,* 146 Hanover st

Sheldon Cooke M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 40111

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40111

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JUN 2 1880

CERTIFICATE OF DEATH.

Date of Death, June 1 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gloesner

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 24 *Years,* 11 *Months,* 9 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, House Wife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Switzerland

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number} 532 E. Lombard St

Cause of Death, First, (Primary,) ..... Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 3 /80

Undertaker, J. D. Posing.

Place of Business, 97 Orleans

A. Gregersheimer M. D.
Medical Attendant.

Address, 11 S. Hoyt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40112

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1- 1880

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Syder

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* - *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 116 Cocksie st

Cause of Death First, (Primary,) Teething & Whooping Cough

Second, (Immediate,)

Duration of last Sickness, 9 days

All the above Information should be furnished by the Physician.

Place of Burial, Lutheran Cemetery

Date of Burial, June 3rd

Undertaker, B. Nash

Place of Business, Fell's Point

E. W. Pamey — *M. D.*
Medical Attendant.

Address, Baltimore & Patapsco

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40113

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40113.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Burke

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 15 *Years,* 7 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 49 Albemarle st

Cause of Death First, (Primary,) Typhoid fever

Second, (Immediate,)

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, June 3d/80

Undertaker, George Schilling

Place of Business, Ashland Lyman *Address,* 27 N. Broadway

D. J. Daunch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 40114 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 2 1890 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 1st 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tracy Grosdoff

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 186 S. Durham

Cause of Death, First, (Primary.) Intestinal Catarrh

Second, (Immediate.) Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 3rd "

Undertaker, J. B. Frame

Place of Business, 280 Eastern Ave

R. W. Mansfield M.D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 40115

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40115.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1st June 1890

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Shithal Dajas

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life Since

Place of Death, {Give street and number} Block Court 90.

Cause of Death, First, (Primary,) Tabes mesenterica

Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, June 2d 90

William Henkel M. D.
Medical Attendant.

Undertaker, M. Francis

Place of Business, 220 Canton Ave

Address, E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Hanley

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Nun

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 106 — S Washington

Cause of Death {First, (Primary,) Heart disease

{Second, (Immediate,) Bronchitis & pulmonary Congestion

Duration of last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 4th 1880

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St

Chas A Doremus M. D.
Medical Attendant.

Address,

HEALTH DEPARTMENT JUN 2 1880 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 40117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary R Kramer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* 8 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, School

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 389 Scott st

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Cem.

Date of Burial, June 3rd 1880

Undertaker, Wm J. McKeever

Place of Business, 65 S. Eutaw st

C. A. Cooke **M.D.,**
Medical Attendant.

Address, 146 Hanover st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mayer

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 60 *Years,* *Months,* *Days*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cooper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 26 Yrs

Place of Death, {Give street and number.} 6 Bradford alley

Cause of Death, {First (Primary,) 3 Unknown - Natural Causes
Second (Immediate,)}

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, June 2nd 1880

Undertaker, Henry Sander

Place of Business, 252 Canton Ave

Ed Phe Morfit M.D.
Medical Attendant.

Address, Corner 2 & 6 Wells 80

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 4011

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 4601 19

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 31st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ina Mary Huber

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ohio

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 267 E. Hill Street

Cause of Death, First, (Primary,) Cholera infantum

Second, (Immediate,) Collapse

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, June 2 1880

Undertaker, Capar Eckhardt

Place of Business, 269 Canton Ave

M. D.
Medical Attendant.

Address, 245 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40120

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40120

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 2 1880

CERTIFICATE OF DEATH.

Date of Death, June 1st 80

Full Name of Deceased {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Dallis

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 7 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 357 Hanover St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 2d 1880

Undertaker, Wm Weaver

Place of Business, No 102 E Eutaw

H. M. Hill M. D.
Medical Attendant.

Address, 360 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40121

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John S Smith

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 7 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~Boy~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 3 Arlington av.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 2nd 1880

Undertaker, Jos O Cook

Place of Business, 707 W Baltimore Street

J. W. C. Cudd, M. D.
Medical Attendant.

Address, 633 Franklin st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. BULLEY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 40124 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

JUN 2 1880 BALTIMORE

Date of Death, June 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mina Louisa Kidwell

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} 134 Ridgely st

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, & 3 days -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, June 3th 1880

Undertaker, Julius Koehler

Place of Business, Sharp & Ross St

O. A. Cooke M.D.,
Medical Attendant.

Address, 146 Hanover st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40123

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Washington

Sex, Male or Female, {cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Washerwoman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Mary's Co Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} No 12 Eutaw Court

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Cholera Morbus

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 3, 1880

Undertaker, Jas C Conday

Place of Business, No 63 Parker

Jos. E. Blagett M. D.
Medical Attendant.

Address, 18 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40124

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Herron,

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 4 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} L. B. McElderry's Tenement

Cause of Death { First, (Primary,) Marasmus. Second, (Immediate,) Exhaustion

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 3rd 1880

Undertaker, James P Byrne

Place of Business, N° 63 N Front St

G. G. Kuck M. D.
Medical Attendant.

Address, Balt. & Bank sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hunt Hull Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* Six *Months,* 22 *Days.*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth)} Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} No 157 Edmondson Ave

Cause of Death, {First (Primary,) Gastro Enteritis

Second (immediate,)

Duration of Last Sickness, About 10 days

All the above information should be furnished by the Physician

Place of Burial, Loudon Park Cem.y

Date of Burial, June 3rd 1880

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St Address No 44 Pacific St.

L A Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 40126

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabel Henderson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ~~About~~ *Years,* 4 *Months,* 15 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 584 Lexington st

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of last Sickness, About 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 3rd 1880

Undertaker, Chas R Leach

Place of Business, No 767 N Baltimore street

A Darby M. D.
Medical Attendant.

Address, 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 2 1890

CERTIFICATE OF DEATH.

Date of Death, June 2

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L. Schillinger

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give street and number} # 317 Light St.

Cause of Death { First, (Primary,) Inanition

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, June 3rd, 1890

Undertaker, F. A. Isell

Place of Business, # 131 Hanover *Address,* 315 Light St.

R. H. P. Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Lahmer

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 5 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 61 S. Register St

Cause of Death First, (Primary,)

Second, (Immediate,) Convulsions

Duration of last Sickness, 12 Hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 3rd 1880

Undertaker, Wendel Dehnel

Place of Business, S. Bond St

Thos A Glenn M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2d. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Thumel

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 50 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 weeks.

Place of Death, {Give street and number} 77 Liberty St

Cause of Death, First, (Primary.) Cancer of Stomach

Second, (Immediate.) About One year

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mortonsburg Md

Date of Burial, June 3rd

Felix Jenstine M. D.
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 n Liberty *Address,* 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1791. Farmer

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jinnie Boulden

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, 24 *Years,* ~~Days~~ *Months,* ..... *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} University Hospital

Cause of Death {First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 3d 1880

Undertaker, 26 Lorden

Place of Business, Park St

J West M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 2nd 80

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Leikler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, 21 Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 214 Ridgley St

Cause of Death, First (Primary,) Unknown

Second (Immediate,)

Duration of Last Sickness, since Birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 3d 1880.

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore St.

I E Womble M. D.
Medical Attendant.

Address 210 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4 11 132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathew Walsh

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 50 *Years,* — *Months,* — *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Butcher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 15 Market Space (center)

Cause of Death { First, (Primary,) Intemperance

Second, (Immediate,) —

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, June 3d 1880

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

J. Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 40133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2" 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wary Augustus Pridgeon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} 34 Williams st

Cause of Death, First, (Primary.) ~~Stil~~ Cholera Infantum

Second, (Immediate.) .....

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laudenr Park

Date of Burial, June 4 "

Undertaker, B. Hoile

Place of Business, 411 Light st

O. A. Cooke *M.D.,*
Medical Attendant.

Address, 146 Hanover st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Jamison

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, 1 yr & 6 mos.

Place of Death, {Give street and number} 63 Williamson's Alley

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,) Asthenia.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 3rd 1880

Undertaker,

Place of Business, 120 Hamilton St.

W. S. Booze M. D.
Medical Attendant.

Address, 204 Shark St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gibbs.

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 54 *Months,* ..... *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 61 Frisia St.

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, June 3rd 1880

Undertaker, Geo Pentuice

Place of Business, 130 Henrietta St

H. C. Booze M. D.
Medical Attendant.

Address, 206 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40136

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Blackstone

Sex, Male or Female, { cross out the word not required in this line. }

Age, *Years,* 40 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 103 Lombard Alley

Cause of Death { First, (Primary,) Exhaustion / Second, (Immediate,) Enteritis

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, June 2nd 1880

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 206 Hanover St

T. S. Boze *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Marshall

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 64 *Years,* — *Months,* — *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Talbot Co. Maryland

Duration of Residence in the City of Baltimore, Fourteen Years

Place of Death, {Give street and number.} * 428 Orleans st.

Cause of Death, {First (Primary,) Consumption

Second (Immediate,) "

Duration of Last Sickness, Eight Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 4th

{*Undertaker,* Jno O Lyon

Place of Business, 64 Broadway

E. T. Sons M.D.

Medical Attendant.

Address, * 406 E. Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Jones

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Years, 11 Months, 20 Days.

Color, Coed

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 96 Eason al

Cause of Death First, (Primary,)

Second, (Immediate,) Acute Hydrocephalus

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, June 2d

Undertaker, Chas. E. Phil

Place of Business, 33 Canton

G. F. Boyer M. D.
Medical Attendant.

Address, 134 N Highland

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40139

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Coale

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} Mulliken St 2 door from Ann

Cause of Death, First, (Primary,) Congestion Brain

Second, (Immediate,)

Duration of last Sickness, abt 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 4th 3rd

Undertaker, Charles T White

Place of Business, 35 Granby

Geo L Kinnemon M. D.
Medical Attendant.

Address, East Cist

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40140

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E Hebben

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* Four *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {country, (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} No 17 Planet alley

Cause of Death, First, (Primary,) Cerebral Meningitis

Second, (Immediate,) Convulsions

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Upton St Cemetery

Date of Burial, June the 3d

Undertaker, John H. Owens

Place of Business, 225 S Eutaw St

L. D. Dyer M. D.
Medical Attendant.

Address, 146 Hill St

L. DYER M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. S. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. D Primrose

Sex, Male or Female, {cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 51. S. Fulton st

Cause of Death { First, (Primary.) Phthisis Pulmonalis
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount-cemetery

Date of Burial, June 5 80

Undertaker, Armstrong & Denny

Place of Business, No 263 Light st

H. H. Mitchell M. D.
Medical Attendant.

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida M. Mitchell

Sex, Male or Female, {cross out the word not required in this line.} F

Age, X *Years,* 9 *Months,* X *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 253 N. Gay St

Cause of Death { First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial,

Undertaker, W. H. Hickman

Place of Business, N Gay St

H. T. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40143

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Dietrich

Sex, Male or Female, {cross out the word not required in this line.} man

Age, 55 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kronbach — Bavaria

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and number} # 20 Eastern Ave Nathan's.

Cause of Death { First, (Primary,) } Heart Disease

{ Second, (Immediate,) }

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus RC

Date of Burial, June the 4th

Undertaker, John Brown

Place of Business, 158 Parkam

Henry Blundell M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2d June 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas L Fallz

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 73 *Years,* ..... *Months,* ..... *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} Aged Mens Home

Cause of Death First, (Primary,) Paralysis

Second, (Immediate,)

Duration of last Sickness, 4 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 4th /80

Geo H Upton *M. D.*
Medical Attendant.

Undertaker, H W Junkinson

Place of Business, 16 Light St *Address,* 1 Wilkins Alley

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha M. Valiant

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 55 *Years,* 8 *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number} E. Parkin St.

Cause of Death, First, (Primary,) Valvular disease of heart

Second, (Immediate,) Apnoea

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, June 4th 1880

Undertaker, John Macher

Place of Business, Park & Fayette Sts *Address,* 1½ S. Exeter

J. W. P. Bates M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

Permit No. 40146 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Wilson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *4 Months,* *Days.*

Color, Blk

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 166 East av.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 3. 1880

Undertaker, Wilhimet & Dugan

Place of Business, 10 Stockton Ally

L. W. Manfield *M.D.,*
Medical Attendant.

Address, Dr Baltimore

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Walker

Sex, Male or Female, {cross out the word not required in this line.} M

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 6 Gorgas ct

Cause of Death { First, (Primary,) Diarrhoea
, Second, (Immediate,) Convulsions

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 3rd 1880

Undertaker, C. A. White

Place of Business, Granby St

H. F. Reynolds M. D.
Medical Attendant.

Address, Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. Harris Lebter — (Father's

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, (half hour) *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } B. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 634 Light st

Cause of Death { First, (Primary,) Second, (Immediate,) } Premature Birth (5½ months)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 3d

Undertaker, B. Harle

Place of Business, 411 Light st.

R. H. P. Ellis M. D.
Medical Attendant.

Address, 810 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ...g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per ... deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT JUN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily E. Blunt

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 43 S. Dallas St.

Cause of Death {First, (Primary,) Catarrhal Pneumonia
Second, (Immediate,) Asphyxia

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, June 3rd 1880

Undertaker, Thos Locker

Place of Business, 13 Dallas St

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40150

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1st 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Scott

Sex, Male or ~~Female~~, { cross out the word not required in this line. } M

Age, 26 *Years,* ..... *Months,* ..... *Days.*

Color, Col

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number } 55 St Paul St

Cause of Death { First, (Primary,) Frequent Colds / Second, (Immediate,) Consumption

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Forest Lawn

Date of Burial, June 3rd 1880

Undertaker, Theo Locke

Place of Business, Jefferson St

Hilton & Taylor M. D.
Medical Attendant.

Address, Broadway & McElderry's

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Alex. Lowman (Lowman)

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... 4 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} S. Carlton. Cor. Carroll & Pulaski

Cause of Death { First, (Primary,) Asphyxia
Second, (Immediate,) Eighteen days

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Saturday 5th

Undertaker, H. Frolich

Place of Business, Eastern Ave

H. H. Lusk M. D.
Medical Attendant.

Address, Balt. & Wash. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40152

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 40152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Jones

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 6 weeks ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} MD Lying in Asylum

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 3

C. F. Brown M. D.
Medical Attendant.

Undertaker, C. W. Lizzara

Place of Business, [illegible] *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BULLEY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

...DESCRIPTION ... COMPLETELY FILLED IN THE SPACES BELOW. ALSO LIST OF DISEASES on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40153

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2 '80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Stall

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} F

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 26 Union St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, June 3rd 1880

Undertaker, Peter Kummerle

Place of Business, 317 Mulberry St

D. Miller M. D.
Medical Attendant.

Address, 89 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Mathison

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months,* 20 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 5 S Broadst

Cause of Death, First, (Primary,) Dysentery.

Second, (Immediate,) Exhaustion.

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 3. 1880

J. S. Lynch Per Chambers M. D.
Medical Attendant.

Undertaker, H. A. Daiger

Place of Business, 74 S. Broadway *Address,* 74 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40155

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40155

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1. 1880,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sebast. Theine,

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* ... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 6 S. Castle St.

Cause of Death First, (Primary,) Diptheria.

Second, (Immediate,) Asphyxia

Duration of last Sickness, Two Days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, June 3rd 80

Undertaker, A. Franck

Place of Business, 220 Canton Av

G. Glanville, Lus K M. D.
Medical Attendant.

Address, Balt. & Ches. R.R.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40156

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 40156

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Bruce

Sex, ~~*Male or Female,*~~ {cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days.*

Color, W Widow

Married, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number} 219 S Wolfe St

Cause of Death, First, (Primary.) Insufficiency Heart Disease Supp

Second, (Immediate,) Apnea

Duration of last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, June 4th 80

Undertaker, W. Pearce

Place of Business, 280 Canton Ave

Charles Morfit M. D.
Medical Attendant.

Address, Corner E. & E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

..., J. C. BUDLANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40157

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Freddie Halbig

Sex, Male or Female, {cross out the word not required in this line.} Male.

Age, 4 *Years,* 5 *Months,* ____ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single.

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 54 N. Poppleton St.

Cause of Death, First, (Primary.) Convulsions of Brain

Second, (Immediate,) " "

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, June 3rd 1880

Thomas Opie M. D.
Medical Attendant.

Undertaker, Geo. B. Cook

Place of Business No 707 W. Baltimore Street

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BALLANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40158

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Louis Wheeler

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 15 *Years,* fifteen *Months,* 18 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 138 Chew St Balto

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 234 North Bond

Cause of Death { First, (Primary,) ... Second, (Immediate,) Inflamation Brain & Stomach

Duration of last Sickness, ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Center

Date of Burial, June 7, 1880

Undertaker, Henry Floyd

Place of Business, 204 Central Ave *Address,* 18 Aisquith St

Gust. Wagner *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WILLIAMS & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Karle

Sex, Male or Female, {cross out the word not required in this line.}

Age, 24 *Years,* 5 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 147 Low St.

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,)

Duration of last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, St Aphonsus Cem

Date of Burial, June 5 1880

Undertaker, Henry Hoeth

Place of Business, 309 Central ave *Address,* 116 E Eager St.

Jno. Brooke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther Turner

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ... *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} "

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Upton

Place of Death, {Give street and number} Clayton Hunt n. S.

Cause of Death { First, (Primary,) Chol inf

Second, (Immediate,) Con Colitis

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Cemetery

Date of Burial, June 4 1880

Undertaker, S W Chase

Place of Business, No 199 Howard St

J H Sutton M. D.
Medical Attendant.

Address, 21 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Hill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, House Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 334 N. Sharp St

Cause of Death, First (Primary,) Heart Disease

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Lawrence Cemetery

Date of Burial, June 4 1880

Undertaker, S Wehage

Place of Business, 801 985 Howard st *Address*

Alexander Tinsley M. D.
Medical Attendant.

Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 40162

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40162

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 3 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3d. 1890.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Brown.

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days.*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 19 yrs.

Place of Death, {Give street and number} University Hospital Colonial Ward

Cause of Death { First, (Primary.) Phthisis Pulmonalis. / Second, (Immediate,) Asthenia.

Duration of last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, June 4/90

Undertaker, H. W. Thecan

Place of Business, N. Gay St

J. WEST M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40163

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Lintack

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 156 Ensor St

Cause of Death First, (Primary,) Accidental

Second, (Immediate,) Drowning

Duration of last Sickness, instantaneous

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 4th

Undertaker, Geo. Schilling

Place of Business,

Edmund Wralka M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40164

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2 Th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Sophie Wedekind

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 7 *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all her Life Time

Place of Death, {Give street and number} Cor Street 16

Cause of Death, First, (Primary,) Fever Remittent

Second, (Immediate,) weakness

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 4 th

Undertaker, Th. Seewald

Place of Business, 35 S. Eutaw St *Address,* 224 West Fayette St

H. Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

THOS. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 40165

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 2nd June 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Mucks

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, 77 *Years,* ~ *Months,* ~ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 121 Madison St.

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Uterine Hemorrhage

Duration of Last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 4th 1880

Undertaker, H.W. Jenkins Son

Place of Business, 16 Light St

R. D. Mallon M.D.

Medical Attendant.

Address, 108 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha B Goldsborough

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White *Sex,* ~~Male~~

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Brooklandville

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} 263 St Paul St Balto

Cause of Death, First (Primary,) Protracted Diarrhea

Second (Immediate,) Exhaustion

Duration of Last Sickness, Forty eight hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Co Md

Date of Burial, 4th June 1880

Undertaker, H.W. Jenkins & Son

Place of Business, No 16 Light St

Address

Harry F. Smith, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 40167

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 4 1880 BALTIMORE

Date of Death, June 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Fay

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 2 Thompson St

Cause of Death, First, (Primary.) Dyptheria

Second, (Immediate.) Synocpy

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 4th 1880

Undertaker, James Burns

Place of Business, Front St

Geo B Reynolds M. D.
Medical Attendant.

Address, 43 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40160

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40168

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2d, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Catharine Conway

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Twenty Eighth *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Twenty Two

Place of Death, {Give street and number} No 421 E. Chase St.

Cause of Death, First, (Primary.) Albuminaria (Bright's Disease)

Second, (Immediate,)

Duration of last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 4th 1880

Jno H Chadwick, M. D.
Medical Attendant.

Undertaker, James C Byrne

Place of Business, 63 Front St *Address,* No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40169

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40169

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V. Rahmey

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 5 *Years,* 2 *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, None.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt^o Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 495 E. Monument St.

Cause of Death, First, (Primary.) Broncho Pneumonia

Second, (Immediate,) Gangrene (of Lung) & Exhaustion.

Duration of last Sickness, About 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, June 4th 1880

G. F. Taylor M. D.
Medical Attendant.

Undertaker, H. Schnittker

Place of Business, E. Monument St. *Address,* 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40170

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Dodd Garber

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 67 S. Eutaw st

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 4

James Bailey *M. D.*
Medical Attendant.

Undertaker, Joseph B Cook

Place of Business, 707 W Baltimore *Address,* 312 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 5 1890 BALTIMORE

Date of Death, June 3rd 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A Gleckler

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 33 *Years,* One *Months,* 13 *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Brick Layer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 2

Place of Death, {Give street and number} No 92 Allendale St.

Cause of Death First, (Primary,) Myelitis

Second, (Immediate,)

Duration of last Sickness, Eight Weeks

All the above information should be furnished by the Physician.

Place of Burial, Within Cemetery

Date of Burial, June 5

Undertaker, F B Cook

Place of Business, 707 W Baltimore St

Chas A Blake M. D.
Medical Attendant,

Address, 168 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Crane Richardson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 32 Hewett St

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 4th 1880

Undertaker, John L Thacher

Place of Business, No 150 Camden St

J H Harvey *M. D.*
Medical Attendant.

Address, 76 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40173

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Jones

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 70 *Years,* 3 *Months,* ..... *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md 30 yrs

Duration of Residence in the City of Baltimore, 35 Hanbury St

Place of Death, {Give street and number}

Cause of Death, First, (Primary.) Fatty Degeneration of Heart

Second, (Immediate,) Congestion of Lungs

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem. attended by Dr. Ellis was called in just as she died

Date of Burial, June 5th

Undertaker, B Stahl

Place of Business, 411 Light St

H. B. Noble M. D.
Medical Attendant.

Address 17 Hanover av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane Brown

Sex, Male or Female, { cross out the word not required in this line. }

Age, 77 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 67 years

Place of Death, { Give street and number } 40 Greenwillow

Cause of Death, First, (Primary.)

Second, (Immediate,) Paralysis left side

Duration of last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 4th 1880

Undertaker, Wm Jas Gray

Place of Business, 65 Mulberry St

Caleb Wendlow M. D.
Medical Attendant.

Address, 23 W. Cullock St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40175

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 4 BALTIMORE

Date of Death, June 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura C Pruechard

~~*Sex, Male*~~ *or Female,* {cross out the word not required in this line.} Female

Age, ____ *Years,* 3 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 287 N. Durham St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, Four (4) days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 4th 1880

G. G. Layton M. D.
Medical Attendant.

Undertaker, John Henry

Place of Business, ____ *Address,* 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40176

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Ewing

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ 6 *Months,* 18 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 6 mos. 18 days.

Place of Death, {Give street and number} 42 S. Paca St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Meningitis

Duration of last Sickness, four (4) days.

All the above information should be furnished by the Physician.

Place of Burial, Bare Bra Cemetery

Date of Burial, June 6th 1880

Undertaker, Orlando Hacker

Place of Business, Paca & Camden

A. L. Shipley M. D.
Medical Attendant.

Address, 387 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Below. Add to List of Diseases on back of this Certificate.

6

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Warner

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, Seventy-five *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Convict in the Maryland Penitentiary

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} Md. Penitentiary Female Hospital

Cause of Death, First (Primary,) General debility

Second (Immediate,) Old age

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 4th 1880

Undertaker, Of. Thos. S. Wilkinson

Place of Business, Warden Md. Penitentiary

Silas Baldwin M.D.
Medical Attendant.

Address, 132 Townsend

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Private Plummer Liggie Alexander

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* One hour *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 24 Stockholm St

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 24 Stockholm St

Cause of Death { First, (Primary,) ——— Second, (Immediate,) This was a Miscarriage at the 6th Month

Duration of last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 4

Undertaker, H. C. Euler & Son

Place of Business, 95 Conway St

M. D.
Medical Attendant.

Address, ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40179

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday June 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia May Boyd

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No. 11 Lemon Alley

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No. 11 Lemon Alley

Cause of Death {First, (Primary.) ?

Second, (Immediate,) Pneumonia

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 4th 80

Undertaker, Geo W Perkins & Co

Place of Business, 130 Columbia

Kummett Harris M. D.
Medical Attendant.

Address, 527 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Son of Sallie Brown

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 4 Grindalls Court

Cause of Death { First, (Primary,) Convulsions
Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem

Date of Burial, June 3rd 1880

Undertaker, Fred A. Kershner

Place of Business, Carrollton Av

W. S. Booze M. D.
Medical Attendant.

Address, 206 Shaft St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Eliza A.~~ Fawcett

Sex, Male or Female, {cross out the word not required in this line.}

Age, 44 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give street and number} 16 S. Stricker st

Cause of Death {First, (Primary,) .....
Second, (Immediate,) Valvular disease of heart.

Duration of last Sickness, about one year

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 5th 1889

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette st

J. K. McKim M. D.
Medical Attendant.

Address, 582 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41012

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Carter (Twin)

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 13 *Days.*

Color, ed

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 75 Harmony Lane

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 4th 1886

Undertaker, Saml. Chase

Place of Business, Saratoga St

M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Geo E. Brown

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd "

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wesley Carter (Twin)

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 12 *Days.*

Color, col

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 75 Harmony Lane

Cause of Death { First, (Primary,) Heart Cold
, { Second, (Immediate,) Pneumonia

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 4th 1880

{ *Undertaker,* Samuel Chase
{ *Place of Business,* Saratoga St

Thos A Steiner M. D.
~~Medical Attendant.~~

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by Geo E. Brown

No. 78

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nora Carey

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number} 157 Dolphin st

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) ____

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 5th 1880

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St

P. L. Williams M. D.
Medical Attendant.

Address, 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40183

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, May 29 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grizorio Esquiaga

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} no Known

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Spain

Duration of Residence in the City of Baltimore, 3 Days

Place of Death, {Give street and number} University Hospital Eutaw

Cause of Death First, (Primary,) Chronic Rheumatism

Second, (Immediate,) asthenia

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, W. & P. Cemetery

Date of Burial, June 2/80

Undertaker, J. F. Keyser

Place of Business, 50 Hanover Ave *Address,* University Hospital

H. M. E. A. *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 40186

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JUN 4 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Quinn

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 88 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give street and number.} 173 S. Chester

Cause of Death, First, (Primary.) old age

Second, (Immediate.)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, June 5. 1880

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

R. W. Mansfield M.D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 4018

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabel Bean

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3-2 *Years,* 3 *Months,* 27 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 57 N. Carrollton St

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,) Exhaustion

Duration of last Sickness, 15 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 4 1880

J. L. Lynch M.D.
Medical Attendant.

Undertaker, M. A. Daiza

Place of Business, 74 S. Broadway *Address,* 174 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Physicians are respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius Gordon

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 58 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Iron Moulder

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 243 Light St

Cause of Death First, (Primary,) Rheumatism

Second, (Immediate,) Three Weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, June 6

Undertaker, Bronsbrough & Denver

Place of Business,

Geo. H. Denson M. D.
Medical Attendant.

Address, 14 E Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ease, and the List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Charles Hohlbein

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* 13 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore C Co.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 139 Aisquith St.

Cause of Death, {First (Primary.) Cerebral congestion. / Second (Immediate,) Asthenia.

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 4th 1880

Undertaker, L. H. Hohlbein

Place of Business, 139 Aisquith St

Irving Miller M. D.
Medical Attendant.

Address 179 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Bernheimer

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ~~Years,~~ 13 *Months,* ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ~~Duration of Residence in the City of Baltimore~~

Place of Death, {Give street and number} 32 N. Caroline St

Cause of Death { First, (Primary,) Hydrocephalus
, Second, (Immediate,) 2 Days

Duration of last Sickness, ~~Duration of last Sickness~~

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Road Hebrew

Date of Burial, June 6th 1880

Abram Bamberger M. D.
Medical Attendant.

Undertaker, E. Bernheimer (Col.)

Place of Business, 32 N. Caroline

Address, ~~Address~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 4 1880 BALTIMORE

Date of Death, June 3. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Keys

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 8 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 19 Parrish Alley

Cause of Death First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, June 4 1880

Undertaker, William Wenger

Place of Business, No 62 East Pratt

James Bowley M. D.
Medical Attendant,

Address, 319 Hollins St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40192

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ettie Banks

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 26 *Years,* ____ *Months,* ____ *Days.*

Color, Black

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester County Maryland

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number} 116 N Dallas St

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Tubercular Consumption

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, June 1880

Undertaker, William Burger

Place of Business, No 62 E Old St

Wm. L. Russell M. D.
Medical Attendant.

Address, Broadway & Fredrick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Shilling

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} Stirling St. 179

Cause of Death { First, (Primary.) Cholera Infantum & Convulsions
Second, (Immediate,) .....

Duration of last Sickness, 6 Days.

All the above information should be furnished by the Physician.

Place of Burial, Bonaparte Cemetery

Date of Burial, June 6 1880

Undertaker, Chas Koch

Place of Business, 40 Canal St

E. B. Fenby M. D.
Medical Attendant.

Address, 319 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Roberts

Sex, Male or Female, {cross out the word not required in this line.} Male.

Age, 50 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Farmer.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Resided in Baltimore County

Place of Death, {Give street and number} No 1 Greenmount Avenue.

Cause of Death First, (Primary,) Congestion of Brain.

Second, (Immediate,)

Duration of last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 5th 1880

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw

W. Riley M. D.
Medical Attendant.

Address, 306 Madison Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40195

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathew M'Cleman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* ... *Months,* ... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 259 west Saratoga St

Cause of Death, {First (Primary,) ... Second (Immediate,)} Pulm Phthisis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 5th 1880

Undertaker, Wm C Weaver

Place of Business, No 202 N. Eutaw St

Rufus Buckler M. D.
Medical Attendant.

Address 135 N Chas St

JUN 4 1880 BALTIMORE

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 40196

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hedwig Lotz

Sex, Male or Female, {cross out the word not required in this line.}

Age, 53 *Years,* 8 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number} 64 North Frederick St

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, June 6th

G. L'Hemann M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 229 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Respectful attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Zieper

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Penn. [illegible]

Duration of Residence in the City of Baltimore, [illegible] 5 days

Place of Death, {Give street and number} St Vincents Infant asylum Lanvale Maryland

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,) Spasms

Duration of last Sickness, From reception

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 5

Undertaker, Chas F Schlemm

Place of Business, 6 Little Paca St *Address,* [illegible]

Mabury Stevens *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40198

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah McConnell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 65 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 96 Thames Street

Cause of Death, First, (Primary,) Unknown - Dr. Evans who was in

Second, (Immediate,) attendance is absent in New York

Duration of last Sickness, Can be ascertained when he returns

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, June 5th 1880

James O. H. Evans M. D.
Medical Attendant.

Undertaker, E. Cook

Place of Business, ____ *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

No. 40199

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th Mo. 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louisa Williams,

Sex, Male or Female, {cross out the word not required in this line.} female.

Age, 54. *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation, Housekeeping

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 24 years.

Place of Death, {Give street and number} No 2 Arcade Allen

Cause of Death First, (Primary,) Phthysis

Second, (Immediate,) ~~2 years~~ 2 years

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Lan.

Date of Burial, June 5th 1880

Undertaker, Wm. H Heckman

Place of Business, 234 N Gay St.

W. Riley M. D.
Medical Attendant.

Address, 306 Madison Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 40200

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Fager

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* Two (2) *Months,* Six (6) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Duval Co Fla

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 858 E. Monument Street

Cause of Death, First, (Primary.) Gastro Enteric Catarrh

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Two (10) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 6 1880

Undertaker, H. Schultheis

Place of Business, E. Monument St. No. 261

F. W. Colburn M.D.,
Medical Attendant.

Address, S.E. Cor Eager & Caroline Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 40201

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40201

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotta W. Hauer

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* 8 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} # 408. N. Central Ave.

Cause of Death, First, (Primary,) Catarrhal Fever

Second, (Immediate,) Effusion

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, June 5th 1880

Geo. A. Hartman M. D.
Medical Attendant.

Undertaker, Thos. J. Murphy

Place of Business, 611 E. Baltimore Address, # 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. ____

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Altman Albrecht.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 3 mo.

Place of Death, {Give street and number} Pratt St No. 930

Cause of Death { First, (Primary,) Indigestion
Second, (Immediate,) Con

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, June 6 1880

Undertaker, John P Poulson

Place of Business, 66 Fredrick Ave

C. L. Dorsey M. D.
Medical Attendant.

Address, 40 S. Sulton St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40203

The [redacted] respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

[redacted]oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Paul Pessagno

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 52 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Confectionary Stand

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} 4 Plowman St

Cause of Death, First, (Primary,) Abdominal Tumor

Second, (Immediate,) ____

Duration of last Sickness, about 6 Months

All the above information should be furnished by the Physician.

Place of Burial, St Ignatius Cemetery

Date of Burial, June 5 1880

D W Cathell M. D.
Medical Attendant.

Undertaker, James S Byrne

Place of Business, No 63 N Front *Address,* 211 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40204

Th[illegible] the Remarks Below, and to List of Diseases on Back of this Certificate.

[illegible]d of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40204

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Elizabeth Krause

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} No 136 Mulliken St

Cause of Death, First, (Primary,) Uterus

Second, (Immediate,) [illegible]

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 5th 1880

J. Ridgway Andre M. D.
Medical Attendant.

Undertaker, Henry Lunsdo[illegible]

Place of Business, 252 Canton Av. *Address,* 121 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ysicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate. No. 40200

Board of Health, City of Baltimore,

Permit No. 40205

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June ~~May~~ 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Thomas

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, One *Years,* 9 *Months,* 0 *Days.*

Color, Light Copper

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, One year & 9 months

Place of Death, {Give street and number} 155 McCulloughs

Cause of Death { First, (Primary,) Cold.
Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 5: 1880

Undertaker, John C. Jones

Place of Business, No 63 Pratt

T F Bohrer M. D.
Medical Attendant.

Address, Cor Dolphin & Poplar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40206

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alveda Brown

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, *Years,* June *Months,* two *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 71 Foster Alley

Cause of Death First, (Primary.) Cholera infantum

Second, (Immediate,) Hydrocephaloid

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 5th 1880

Undertaker, John C Jordan

Place of Business, No 63 Park Ave

Eldridge C Price M. D.
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4/80

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Z Simmacher

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 5 *Days.*

Color, White

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Gay St near Biddle St No 593

Cause of Death, First, (Primary,) Indigestion

Second, (Immediate,) Unknown

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 6th

Undertaker, Geo Schilling

Place of Business, —

J Jarvell Mantzell M. D.
Medical Attendant.

Address, Gay St near Washington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Fannie Mitchell

Sex, Male or Female, {Cross out the words not required in this line.} F'r Male

Age, 37 *Years,* *Months,* 19 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, 37 yrs 19 dys

Place of Death, {Give street and number.} 139 William St.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Several Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, June 6 80

Undertaker, Armstrong & Dunn

Place of Business, No 263 Light St

R. C. Lee M.D.
Medical Attendant.

N W cor.
Address, Hanover & Barre
St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Card.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Barnett

Sex, Male or ~~Female~~, {cross out the word not required in this line.} male

Age, 60 *Years,* — *Months,* — *Days.*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, Labourer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} City Hospital

Cause of Death, First, (Primary,) Chronic Bright's disease

Second, (Immediate,) asthenia

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, E P Cemetery

Date of Burial,

Undertaker, P Mullin

Place of Business,

Frank B Dudley M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40210

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 24th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie May Smith.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 11 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maternity

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nursery and Child's Hospital

Cause of Death, First, (Primary,) Pect. Angular Curvature of Spine

Second, (Immediate,) ____

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 3.

Undertaker, C. W. Pleasants

Place of Business, 94 Pratt

C. F. Brau M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Dickerson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, White,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and number} 218 E. Pratt St.

Cause of Death { First, (Primary,) Chalera Infantum.
Second, (Immediate,)

Duration of last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Bolte Cemetery

Date of Burial, June 6th 1880

Undertaker, Denny & Mitchell

Place of Business, 66 S Broadway *Address,* 75 E Baltimore St

J W Hoeck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia E. Eichelberger

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, *Years,* 2 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, two months

Place of Death, {Give street and number.} 427 Franklin st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 7 1880

Undertaker, Mathew Cadogan

Place of Business, 227 Mulberry st

J. L. Gibbons M. D.
Medical Attendant.

Address 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Delia Berney

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, _____ *Years,* 7 *Months,* _____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } X X Y

Occupation, X X Y

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number } N. E. cor. Baltimore & Bethel Sts

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) _____

Duration of last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Eden St. Meth. Cemetery

Date of Burial, June 6th 1880

Undertaker, Wm Esau

Place of Business, 101 Gough St.

James E. Donnelly M. D.
Medical Attendant.

Address, 399 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday June 4 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Henry Conover

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 43 *Years,* 5 *Months,* 11 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Bricklayer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and number} # 34 Boyd St.

Cause of Death {First, (Primary,) D

Second, (Immediate,) Pulmonary Phthisis

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, June 5th 1880

Undertaker, Or A. F. Rittenhouse

Place of Business, 6 Parkin St

D. Winnett Hairs M. D.
Medical Attendant.

Address, # 552 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH JUN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3 80

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Hall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ... *Days.*

Color, Black *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Carlin's 181

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 5

Undertaker, Charles Wild

Place of Business, 35 Granby

John A Schultz M. D.
Medical Attendant.

Address N E Cor Gough & Eden

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 41216

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 80.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose House

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 11 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 40 Cohen alley

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, June 4/80

Undertaker, J. F. A. Kershner

Place of Business, 50 S. Carroll how Av. *Address,* 64 N. Pine

Hammond Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerome Hall

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* 3 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 40 Cohen alley

Cause of Death, First, (Primary.) Dysentery

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, June 4/80

Undertaker, J. F. A. Kershner

Place of Business, 50 S. Carrollton Ave

Hammond & McKim M. D.
Medical Attendant.

Address, 64 N. Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sam'l K. Sock.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male.

Age, 50 *Years,* 0 *Months,* 0 *Days.*

Color, White.

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Grocer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Berlin, Pa.

Duration of Residence in the City of Baltimore, 33 Years.

Place of Death, {Give street and number.} No. 158 Penna Ave.

Cause of Death, First (Primary,) Gastro-Enteritis.

Second (Immediate,)

Duration of Last Sickness, 13 Days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Monday June 7th 1880

Undertaker, J. S. Macher

Place of Business, S. W. cor Fayette & Liberty sts

Jno. T. Powell M.D.
Medical Attendant.

Address 227 Canden Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm L. Schaum

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 4 *Months,* ____ 6 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States; if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 28th N. Broadway

Cause of Death, First, (Primary.) Erysipelas

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, June 6th 1880

Undertaker, W. F. Hickman

Place of Business, Gay Street Depot

W. W. White, M. D.
Medical Attendant.

Address, 28th N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07M.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore,

Permit No. 41420

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Burnell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 35 *Years,* ____ *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, House servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Brownsville Maryland

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number} Alley between Eden & Shrine

Cause of Death, First, (Primary.) ____ Second, (Immediate.) Difficult Labor

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery — O. E. Stein M. D.

Date of Burial, June 7 1880 — E. C. Baldwin M. D.

Medical Attendant.

Undertaker, Wm F Madden — 195 N. Eden St

Place of Business, 280 Chew St — *Address,* [illegible] N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] J. S. DUGANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 40221 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 5 1880 BALTIMORE

Date of Death, June 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine Lucas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number.} 88 Fort Avenue

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, June 5th

Undertaker, B. Harle

Place of Business, 411 Light Street

A. A. Corbe M.D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40222

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ames Mathews

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number} 53 Eutaw St

Cause of Death, First, (Primary,) Remittent Fever

Second, (Immediate,) old age

Duration of last Sickness, About One Week

All the above information should be furnished by the Physician.

Place of Burial, Bethel Cemetery

Date of Burial, June 7th 1890

E. Jones Adams M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 53 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 40223

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 5 1880 BALTIMORE

Date of Death, June 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antoni Lukaszewska

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Thirty six (36) *Years,* ——— *Months,* ——— *Days.*

Color, Polish

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Beer - Brewer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, {Give street and number.} Delaware War Federal Sts

Cause of Death, First, (Primary) Apoplexy of Cerebral Congestion

Second, (Immediate.) Hemiplegia

Duration of Last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 6th 1880

Undertaker, Henry Hoeck

Place of Business, 309 N. Central Ave *Address,* Corner Fairmount Ave

Geo Below M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 5 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dahlman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 2 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 114 Lemon St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) ____

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 6 90

Undertaker, J. T. Pauline

Place of Business, 66 Frederick Ave

R K Kreas M. D.
Medical Attendant.

Address, 534 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. BUDLONG & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Catherine Carroll

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Huckster

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Island

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give street and number} No 161 Susquehanna Street

Cause of Death, First, (Primary,) Rheumatism, Pericarditis,

Second, (Immediate,) Mitral regurgitation, Dropsy, Exhaustion

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, June 6 / 80

Geo B Reynolds M. D.
Medical Attendant.

Undertaker, M. Clarke & Son

Place of Business, 646 Balto St *Address,* 432 N Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida R. Beard

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 4 *Days.*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 611 E. Pratt St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Consumption

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 6th 1880

Undertaker, Thos J Locke

Place of Business, 23 Jefferson St

Wm. L. Rundell M. D.
Medical Attendant.

Address, Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4th 80.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph W. Reinmhimer

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 425 N. Pratt St.

Cause of Death First, (Primary,)

Second, (Immediate,) Scarlet Fever, 8 days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon park Cemetery

Date of Burial, June 7th 1880

Undertaker, Geo Leimbach

Place of Business, 389 West Pratt St

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 Shark St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Permit No. 40228 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 5 1880 BALTIMORE

Date of Death, June 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Crudy

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 12 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 2 Plum Row

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) .....

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 6th 1880

Undertaker, Jas W Perkins Jr & Co

Place of Business, 130 Hanover St

C. A. Cooke **M.D.,**
Medical Attendant.

Address, 244 N Caroline St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

15

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40229

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James L. Hearn

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Entire life.

Place of Death, {Give street and number} 182 Howard St.

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) Edema

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 6th 1880

Undertaker, Geo. H. Pentzinger

Place of Business, 130 Hanover St.

W. S. Baer M. D.
Medical Attendant.

Address, 206 Druid St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 40230 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 5 1880 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, June 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Baker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* Seven (7) *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Iowa City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 179 Orleans Street

Cause of Death, First, (Primary.) Chronic hydrocephalus-Gastritis

Second, (Immediate.) Eclampsia

Duration of Last Sickness, Since birth)

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, June 6 1880

Undertaker, Henry Hoguth

Place of Business, 309 Central Ave *Address,* Eager & Carlin Sts

Wm Glorius M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40231

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisha Jones.

Sex, Male or Female, {cross out the word not required in this line.}

Age, *Years,* 8 *Months,* *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 41 Iceland St.

Cause of Death First, (Primary,) Whooping Cough

Second, (Immediate,) Nine Weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 6th 1880

Undertaker, Geo H. Perkins Jr & Co

Place of Business, 130 Hanover St

W. S. Booze M. D.
Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo...

OFFICE OF REGISTRAR OF VITAL STATISTI...

Permit No. 40232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew August Siebert

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 84 Orleans St

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 25th 80.

Undertaker, J. D. Reising

Place of Business, 97 Orleans St

Francis A Faust M. D.
Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 40283

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June [illegible] 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bennie [illegible] Waldon

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 9 *Months,* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Washington D C

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 16 Fish Mkt & Shacy

Cause of Death, {First (Primary,)} Cholera Infantum

{Second (Immediate,)} Exhaustion

Duration of Last Sickness, Only saw him few hours before death

All the above information should be furnished by the Physician.

Place of Burial, E B Park Cemetery

Date of Burial, June 6th 1880

Undertaker, Patrick Mullen

Place of Business, 6 Pratt Park Av

Chas. Morfit M.D.
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Enquire for the Summer of an Alley

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6 "

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Leppard

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ____ *Years,* Seven *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hudson St Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 302 Hudson St

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate,) Diphtheria

Duration of last Sickness, six days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemty

Date of Burial, June 6th

E. Jones Williams M. D.
Medical Attendant.

Undertaker, H. Fockler

Place of Business, 216 Eastern Av

Address, 19 Patterson Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40235

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Austen Sargent

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 239 Columbia ave

Cause of Death, First, (Primary.) Cholera Infantum

" " "

Duration of last Sickness, Two weeks

All the above information to be filled by the Physician.

Place of Burial, [illegible] Cemetery

Date of Burial, June 6 1880

Undertaker, James P Byrne

Place of Business, 1102 n Front St

Thomas Opie M. D.
Medical Attendant.

Address, 581 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Statistics in the City of Baltimore

SECTION 2. And be it furth[illegible] ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who att[illegible] or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hou[illegible] to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascer[illegible] the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. [illegible] & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 40236

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Edward Nairn

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 2 *Years,* 2 *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto city

Duration of Residence in the City of Baltimore, 2½ Mo

Place of Death, {Give street and number.} 74 Fort av.

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) 4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, June 6th "

Undertaker, B. Harle

Place of Business, 411 Light St.

R. C. Lee M.D.
Medical Attendant.

Address, Hanover & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40237

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Latrielle

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 weeks *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 91 Hanover St

Cause of Death First, (Primary,) Scrofula

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, about 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 6

Undertaker, R. Mull

Place of Business, 411 Light St

E. St. White M. D.
Medical Attendant.

Southern Dispensary

Address, 77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible]

Board of Health, City of Baltimore,

Permit No. 40238

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Becker

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 3 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 54 Raborg

Cause of Death, First, (Primary,) Hydrocephaloid

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 5th

H. J. Hill M. D.

Medical Attendant.

Undertaker, Wilkins Hankla

Place of Business, Sharp St

Address, 361 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 40235

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5 / 80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julian George Nusslein

Sex, Male or Female, { cross out the word not required in this line. } male

Age, ... *Years,* ... 14 *Months,* ... 13 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give street and number } 87 N. Washington st.

Cause of Death { First, (Primary,) meningitis

Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, June 6 "

Undertaker, W. Dippel

Place of Business, 1. Bond st. 151

J. G. Daust M. D.
Medical Attendant.

Address, 97 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 40240

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Gray

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cambridge Md

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and number} 1 Jr. E. Chester St.

Cause of Death, First, (Primary.) Old Age

Second, (Immediate.) .....

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, June 6. 1880

Undertaker, H. A. Darcy

Place of Business, 74 S. Broadway

J. J. Gaddis M. D.
Medical Attendant.

Address, 1 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI...

Permit No. 40241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Crow

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, Thirty nine *Years,* 4 Six *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Stone Cutter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Edinburgh Scotland

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number.} No 8 Tyson Street

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Ulceration of Bowels

Duration of Last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, June 8. 1880

Undertaker, M. A. Darcy.

Place of Business, 228 Madison Ave

D D MacKenzie M. D.
Medical Attendant.

Address 67 Franklin Street Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 40242

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 6 1880 BALTIMORE

Date of Death, June 5th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Wallace Logan

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* One *Months,* Twenty two *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 71 S. Eden st

Cause of Death {First, (Primary,) Marasmus,
Second, (Immediate,)

Duration of last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 8. 1880

Undertaker, M. A. Daige

Place of Business, 74 S. Broadway

Nicholas L. Bathell M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 40248

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wallace.

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, Sixty four *Years,* ..... *Months,* ..... *Days.*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia Pennsylvania

Duration of Residence in the City of Baltimore, Thirty seven years.

Place of Death, {Give street and number} 295 Bank st.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Consumption.

Duration of last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 8. 1880

Undertaker, M. A. Dayer

Place of Business, 74 S. Broadway

Nicholas L. Dashiell M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 40244 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Everist

Sex, Male or Female, {cross out the word not required in this line.}

Age, Years, 5 Months, [redacted] 14 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 402 North Strieker St

Cause of Death First, (Primary,) Gastro intestinal Irritation

Second, (Immediate,) Cerebral Effusion

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial Louden Park Cemetery

Date of Burial June 6 th 1880

Undertaker, Fos & Lork

Place of Business, 707 N Baltimore Street

D. P. Hoffman M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 40245

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton Carrigan

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No. 2 Montrose

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 6 1880

Undertaker, Jos. B. Cook

Place of Business, No 707 W Baltimore Street

J. Jim Hood M. D.
Medical Attendant.

Address, 2 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 40246

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Maggie Cavanagh

Sex, Male or Female, {cross out the word not required in this line.}

Age, 19 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 114 Hanover Ave

Cause of Death, First, (Primary.) Pulmonary Consumption

Second, (Immediate.)

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, June 6th 1880

Undertaker, Jas O Byrne

Place of Business, 63 Hanover

Chas F Mulholland M. D.
Medical Attendant.

Address, 283 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 40247

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Anna Maria Rupport

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* 2 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housekeeping

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years.

Place of Death, {Give street and number.} S. Spring St. 161.

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Cholera Morbus

Duration of Last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, W. Arlington

Date of Burial, June 7th

Undertaker, M. Hank

Place of Business, 65 Bank St *Address*

C. H. Tiltz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 40248

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clement Hey Burroughs

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* 5 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and number} 116 N. Green St.

Cause of Death { First, (Primary.) Tubercular Meningitis
Second, (Immediate.) " "

Duration of last Sickness, one Week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, June 7th 1880

{ *Undertaker,* Wm. Blackwell
{ *Place of Business,* 336 Penna ave

J. H. Christian M. D.
Medical Attendant.

Address, 731 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 410249

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5/80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm F. Higgins

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 12 *Years,* 7 *Months,* 17 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 217 Gough St.

Cause of Death, First, (Primary.) Cholera Morbus

Second, (Immediate.)

Duration of Last Sickness, 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial Balto Cemetery

Date of Burial, June 7th 1880.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

R. W. Mansfield M.D.,
Medical Attendant.

Address, 117 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to this Notice.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 7 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6 - 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Lister Brierley

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* 16 *Days.*

Color, ———

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt° City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 659 W. Fayette St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Cathenia

Duration of last Sickness, 2 Ds

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 7th 1889

C. C. McDowell M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St *Address,* 542 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 40251

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 1880 BALTIMORE

Date of Death, June 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Christopher Laine

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 6 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 58 N. Fulton St

Duration of Residence in the City of Baltimore, 6 mos. 1 day

Place of Death, {Give street and number} 58 N. Fulton

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 7th

Dr. Wm. Wallis M. D.

Medical Attendant.

Undertaker, Geo. Schilling

Place of Business,

Address, 18 So Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 10202 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie O. Smith

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 11 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 8 Warren ave

Cause of Death — First, (Primary,) Cholera Infantum

Second, (Immediate,) Asthenia

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, June 8/80

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

Robt Ellis M. D.
Medical Attendant.

Address, 315 Light st

JUN 7 1880 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Rules Below. Read to End of Page.

Board of Health, City of Baltimore,

Permit No. 40253

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 7 1880 BALTIMORE

Date of Death, June 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Walter Baker

Sex, Male or ~~Female~~, {cross out the word not required in this line.} M

Age, ~~—~~ *Years,* 9 *Months,* 20 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balti. City

Duration of Residence in the City of Baltimore, 9 Mo. 20 days

Place of Death, {Give street and number} 695 W. Fayette St.

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Diarrhoea

Duration of last Sickness, about two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 7/80

Undertaker, J. C. Pauls

Place of Business, 41 Broadway

Jno G. Holliday M. D.
Medical Attendant.

Address, Carroll P.O., Balto Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40254

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 7 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Castleman

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 10 S. Gilmor St

Cause of Death First, (Primary,)

Second, (Immediate,) Tabes Mesenterica

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 1890

Undertaker, J. B. Meek

Place of Business, 707 W Balto St *Address,*

Dr. S. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

Permit No. 40255

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT JUN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie L Shipley

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ 7 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 7 Mos.

Place of Death, {Give street and number} 30 S. Caroline

Cause of Death, First, (Primary.)

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial Old Quaker Cemetery on Hartford road

Date of Burial, June 7th 1880

J. P. Lucas M. D.
Medical Attendant.

Undertaker, Jos B Cook

Place of Business, No 707 N Baltimore Street

Address, 37 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 40256.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Worth (Wmath)

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 37 *Years,* 9 *Months,* 6 *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Nun

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and number} 126 W Baltimore

Cause of Death First, (Primary,) Typho Malarial fever.

Second, (Immediate,) Exhaustion from Hemorrhage

Duration of last Sickness, about 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 7th 1880

Chas O'Donovan M. D.
Medical Attendant.

Undertaker, H. W. Jenkins Son

Place of Business, 16 Light St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 40257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUN 1910 BALTIMORE

Date of Death, June 6th 1910

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {cross out the word not required in this line.} Evelina Elizabeth Neibert

Age, ____ *Years,* ____ *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Belcat St north of Penna Ave Gorton, Balt. Co. Md.

Duration of Residence in the City of Baltimore, 17 days

Place of Death, {Give street and number}

Cause of Death, First, (Primary.) Gastro-Enteritis

Second, (Immediate,) Marasmus

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem-

Date of Burial, June 8.

H. Ricketts M.D. M. D.
Medical Attendant.

Undertaker, Walter Emmert

Place of Business, 202 N. Bidd *Address,* 520 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Small

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 74 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 246 S. Eutaw St

Cause of Death, {First, (Primary,) Exhaustion from age

Second, (Immediate,) ____

Duration of last Sickness, One or two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 8th 1880

H. L. Hill M. D.
Medical Attendant.

Undertaker, John Mackey

Place of Business, Pacca & Camden Sts *Address,* 251 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07 M.]

Board of Health, City of Baltimo

Permit No. 40259 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 7 1890 BALTIMORE

Date of Death, June 6

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Lambert

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 3 month

Place of Death, {Give street and number} # 172 Battery ave.

Cause of Death { First, (Primary,) Inanition
Second, (Immediate,) Asthenia

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 7th

Undertaker, Armstrong & Dengler

Place of Business, Light & Monument *Address,* 310 Light st

R. H. T. Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 40260 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or so soon thereafter as requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, June 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Graham

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, 65 *Years,* 5 *Months,* 11 *Days.*

Color, White

~~Married, Single~~, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Painter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 46 years

Place of Death, {Give street and number.} 248 Fayette St.

Cause of Death, First, (Primary.) Epithelioma of Larynx.

Second, (Immediate.) Inanition from inability to swallow

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 9th 1880

Jno. S. Lynch M.D.,
Medical Attendant.

Undertaker, John N. Weaver & Co.

Place of Business, #22 W. Fayette St. *Address,* 17 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 40261

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Kunigunda Kochler

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* 20 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} #3 Camden Lane

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) "

Duration of Last Sickness, Almost two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 7th /

E Goverlock M. D.
Medical Attendant.

Undertaker, H. N. Ingold

Place of Business, #131 Hanover St Address 289 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S...

Permit No. 40262

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie Peterson Ledley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* 3 *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 607 N. Lombard St.

Cause of Death, First (Primary,) ———

Second (Immediate.) Marasmus

Duration of Last Sickness, 9 mos

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 7th 1880

Benon W. W. Wards M. D.
Medical Attendant.

Undertaker, Meth & Shields

Place of Business, 60 N Carroll ave

Address No 263 N. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 40263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Watkins

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 35 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Dress Maker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. city

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} 133 Barre st.

Cause of Death, First (Primary,) ....

Second (Immediate,) Chronic Inflammation of Stomach

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 7th 1880

Undertaker, Wm Strachan

Place of Business, Paca & Camden

R. C. Lee M.D.
Medical Attendant.

N. W. cor

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 40264 OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Joseph Skinner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 10 *Months,* 19 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 55 Mulberry St

Cause of Death, First (Primary,) ____

Second (Immediate,) Gastritis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery F. A. McManus M. D.

Date of Burial, June 7th 1880 Medical Attendant.

Undertaker, P. Kimmel

Place of Business, 311 Mulberry St *Address* 71 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

Permit No: 41265

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Bowman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ 5 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} # 267 S. Wolf St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 5 Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Mathias Cemetary

Date of Burial, 7th June 1880

John H. Rehberger M. D.
Medical Attendant.

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Anna St. *Address,* 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL

Permit No. 40266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 1880 BALTIMORE

Date of Death, June 5th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry G. Richmond

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 40 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Stone Mason

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number} No 173 N. Eutaw st

Cause of Death {First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) & Exhaustion

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, June 7th 1880

C. L. Buddenbery M. D.
Medical Attendant.

Undertaker, Andrews & Hodges

Place of Business, No 416 Druid Hill Ave *Address,* 166 E. Pratt st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 40267

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Edward Tyler

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} N.W. cor. Laurel & Strieker Sts.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Congestion of Brain

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 7th 1880

Geo. A. Wathen M. D.
Medical Attendant.

Undertaker, Thos. J. Hughes

Place of Business, 111 E Balto *Address,* 305 N. Carolina St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 46268

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Caulfield

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 54 *Years,* ____ *Months,* ____ *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 9 Longmore Alley

Cause of Death, First, (Primary,) Bone Cancer, extending to brain & orbit

Second, (Immediate,) Debilitas

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 7th June

J. R. Mekler M. D.
Medical Attendant.

Undertaker, Mitchell Cadogan

Place of Business, 227 Mulberry *Address,* 234 W Lafayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 44269

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6 June 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Friedrich Jaeger

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Female

Age, 3 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} Carlton Str. No 4

Cause of Death, First, (Primary,) Chronic Cough

Second, (Immediate,) Asphyxia

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hill Park Cemetery

Date of Burial, 8 June 1880

H. L. Reinhard M. D.
Medical Attendant.

Undertaker, Friedrich Bauer

Place of Business, 374 W Pratt St. *Address,* 224 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...he Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases ...

Board of Health, City of Baltimore,

Permit No. 41270

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma G. Albrecht

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 21 *Years,* 2 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} *256 N. Central Av.

Cause of Death { First, (Primary,) Congestion of Lungs / Second, (Immediate,) .....

Duration of last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 8, 1880

Undertaker, Henry Slagle

Place of Business, 256 Central Av

Geo A Hartman M. D.
Medical Attendant.

Address, *305 N Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 41271

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 1880

Date of Death, 25th June 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Dunn

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 84 *Years.* *Months,* *Days.*

Color, W

~~Married,~~ ~~Single,~~ ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimor, 40 yrs

Place of Death, {Give street and number} Aged Mens Home

Cause of Death First, (Primary,) Senile Decay

Second, (Immediate,)

Duration of last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, 8th June 1880

Geo H Lyle M. D.
Medical Attendant.

Undertaker, H. J. W. Deutsch & Son

Place of Business, No 16 Light St *Address,* 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 40272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6/80.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia A. Adams

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, 74 *Years,* — *Months,* — *Days*

Color, white,

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Charlestown Mass.

Duration of Residence in the City of Baltimore, 4 years,

Place of Death, {Give street and number.} 225 W. Biddle St,

Cause of Death, {First (Primary,) Dysentery,

{Second (Immediate,) "

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Zanesville Ohio

Date of Burial, 8th June 1880

Undertaker, H. W. Jenkins Son

Place of Business, 16 Light St

H. K. Fetterhoff M.D.
Medical Attendant.

Address, 205 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1793

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40273

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Way

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 124 Chesapeake St.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, June 7th 1880

E. Jones Williams M. D.
Medical Attendant.

Undertaker, Peter Early

Place of Business, 161 E Balto St

Address, 17 Patterson Pk

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 40274

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. Dennis Gill

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* 4 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Wellsburg W. Va.

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and number.} 321 Lombard Ave

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Do

Duration of Last Sickness, Ten months

All the above information should be furnished by the Physician.

Place of Burial, Loan [redacted]

Date of Burial, June [redacted]

Undertaker, D. E. Howard

Place of Business, 319 [redacted]

H. Lacy Thomas *M. D.*
Medical Attendant.

Address .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40275

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh McDavis

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 50 5 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Bar Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and number} 209 Light st.

Cause of Death {First, (Primary,) Mania a potu

Second, (Immediate,) Nervous Prostration

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, June 8 1880

Undertaker, C. F. Krause

Place of Business, 104 [illegible]

Chas P. Ellis M. D.
Medical Attendant.

Address, 315 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Talbot

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 16 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} "

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 187 Aisquith St

Cause of Death { First, (Primary,) Marasmus

Second, (Immediate,) One month

Duration of last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 5th

Undertaker, H. C. Weidefeld

Place of Business, 90 Guilmount Av

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it sh duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Cert ing forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) o on deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 41277

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 82 *Years,* 4 *Months,* ——— *Days.*

Color, white *Sex,* male

Married, ~~Single,~~ Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Miller of Spices

Birthplace, {State or country (and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number.} Myrtle Ave No 4

Cause of Death, First (Primary,)

Second (Immediate,) Old age.

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, June 6th, 1880

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Morris Wiener M. D.

Medical Attendant.

Address 319, W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 40278 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

JUN 7 1880

Date of Death, June 6. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Engerman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 238 William St

Cause of Death, First, (Primary.)

Second, (Immediate.) ~~Abb~~ Cholera Infantum

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, June 7th

Undertaker, C. Stark

Place of Business, 111 Light Street

By Landon Cole M.D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 41279

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT JUN 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Ratticun

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Randall bet Ann & Aisquith Sts

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, June 7th 1880

Undertaker, Julius Koehler

Place of Business, Sharp & Cross

Theodore Orth M.D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Baumgärtner

Sex, Male ~~or Female,~~ {cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months,* ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} NE 289 S. Pace St.

Cause of Death { First, (Primary,) Spasm
, { Second, (Immediate,)

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 8th

Undertaker, Henry Brice

Place of Business, Henrietta St 81

A. R. Boddenhorn M. D.
Medical Attendant.

Address, 166 S. Pace St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6 — 60

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph P. Leonard

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} W. Camden St

Cause of Death, First, (Primary,) Hydrocephalus acutus

Second, (Immediate,) Edema, &c

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, June 7th

Undertaker, Wood. Diffel

Place of Business, 1. Bond st 154

Address,

J. Matthews, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 40282 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

BOARD OF HEALTH JUN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Paula

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 18 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Seven (7) Mos

Place of Death, {Give street and number.} 54 Penn St.

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Fourteen (14) days

All the above information should be furnished by the Physician.

Place of Burial, ~~Saint Alphonsus~~ Loretto

Date of Burial, June 7th

Undertaker, ~~Henry W. Dippel~~

Place of Business, ~~P. Bernadou~~ P. Bond St. 137

L. L. Hunt M.D.,
Medical Attendant.

Address, 7 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40283

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1880. 10. 15. Am.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Beulah Maud. Hilton.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* Nine *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} #50 S. Fayette Street

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 50. S. Fayette Str

Cause of Death { First, (Primary.) Teething. + Thrush

Second, (Immediate,) — " Spasms.

Duration of last Sickness, about two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 7th 1880

Undertaker, G. F. Bennett & Co

Place of Business, No 6 Asquith St.

C. A. Bohne — M. D.
Medical Attendant.

Address, 862 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Kenel

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U.S.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 254 E. Lombard

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cem

Date of Burial, June 7th 1880

Undertaker, H. Kohler

Place of Business, 244 E. Lombard St

Abram B. Arndt M. D.
Medical Attendant.

Address, 7 - 14 - 2

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

• CERTIFICATE OF DEATH.

Date of Death, June 5 - 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Hall

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* 2 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 42 Cohen alley

Cause of Death, First, (Primary.) Primarily Oedema Pulmonum

Second, (Immediate,) Exhaustion

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 7 80

Undertaker, P A Kraetzer

Place of Business, 50 Hanover Ave

Hammond & Neff M. D.
Medical Attendant.

Address, 42 N Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40286

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6 - 89

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Robey

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 1 *Months,* 7 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Boston

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 40 Cohen alley

Cause of Death, First, (Primary.) Marasmus & Enteritis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 7 89

Undertaker, F A Kreiner

Place of Business, 50 S Carrollton Ave

Hammond & Griffith M. D.
Medical Attendant.

Address, 6 W Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40287

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lena Schmidt (Schmidt)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 4 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 416 N. Fayette st. Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, { Give street and number. } 416 N. Fayette st. Balto.

Cause of Death, { First (Primary,) " Cholera Infantum "
Second (Immediate,) Two days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 8th 1880

Jas. G. Hitselberger, M. D.
Medical Attendant.

{ *Undertaker,* P. Kummel
{ *Place of Business,* Mulberry St *Address* Cor Mt & Pacific,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 40288

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Washington Johnson

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, ——— *Years,* Nine *Months,* Fourteen *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ———

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } City of Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } No 14 Bond St

Cause of Death, { First (Primary,) Cholera Infantum-Dentition
Second (Immediate,) Convulsions. ———

Duration of Last Sickness, about 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Shorpe Street Cemetery

Date of Burial, June 7 1880

Undertaker, Wilson Monroe

Place of Business, No 62 East Street

J. C. Johnson M. D.
Medical Attendant.

Address 41 N Caroy St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40289

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lorina Bradley

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 9 *Years,* ____ *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and number} 79 Jefferson St

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Tetanus

Duration of last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 7th 1880

C. E. Stein M. D.
Medical Attendant.

Undertaker, Chas J Locke

Place of Business, 73 Jefferson St *Address,* 195 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40290

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 7 1899 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4th 1899

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Lutenberger

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 75 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} ?

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 40 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} University Hospital

Cause of Death First, (Primary,) Injury to spine

Second, (Immediate,) accidental

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wes Sub Cemetery

Date of Burial, June 7

Undertaker, F. A. Kercher

Place of Business, 50 S Carrollton Av *Address,* University Hospital

FINEST

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} St. Joseph Howard Stewart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* 3 *Days.*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. All his life,

Place of Death, {Give street and number.} 249 Park Avenue

Cause of Death, First (Primary,) Entero-Colitis & Diarrhoea

Second (Immediate,) Exhaustion

Duration of Last Sickness, About 1 week.

All the above information should be furnished by the Physician

Place of Burial, Green Mt. Cemetery

Date of Burial, June 8th 80

Undertaker H. W. Jenkinson

Place of Business, 16 Light St.

J. N. Scaff *M. D.*
Medical Attendant.

Address 4 Cattle Drive So.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isaac Scott

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 60 *Years,* ____ *Months,* ____ *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Barber

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } 348 W Pratt

Cause of Death { First, (Primary,) Paralysis
Second, (Immediate,)

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 8 1880

Undertaker, S W Chase

Place of Business, 198 Howard st

J H Lauer M. D.
Medical Attendant.

Address, 76 Pace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40293

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harrison Banks

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 45 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Grain Runner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 11 Little Sharp St.

Cause of Death, First, (Primary,) Hamatemesis

Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 8 1880

Undertaker, D W Chase

Place of Business, 198 Howard St

J. J. Keller *M. D.*
Medical Attendant.

Address, 8 N Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and on the reverse side of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Orrin Lee Rupp

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ____ *Years,* ____ 5 *Months,* ____ 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 9 Patterson Avenue

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) ____

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill and C.

Date of Burial, June 8/80

Undertaker, Jno. E. Chenoweth

Place of Business, 336 Penna ave

J. W. C. Cudley M. D.
Medical Attendant.

Address, 363 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1880

CERTIFICATE OF DEATH.

Date of Death, June 7 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H Paul

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Years, 1 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 89 McElderry Wharf.

Cause of Death { First, (Primary.) Diarrhoea

Second, (Immediate,) —

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Today 4 O'Clock June 8

Abram B Arnold M. D.
Medical Attendant.

Undertaker, J. Muller

Place of Business, 21 Hanover St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Hoffstetter

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* 15 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 168 Pierce

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 8 1880

Louis L. Horn *M. D.*
Medical Attendant.

Undertaker, P. Kennedy

Place of Business,

Address, 226 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 8 1880 BALTIMORE

Date of Death, June 7th 1880 4:10 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Miller

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 58 *Years,* ..... *Months,* ..... *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frankfort, Germany

Duration of Residence in the City of Baltimore, Twenty-eight years

Place of Death, {Give street and number} N. E. Dawson Alley

Cause of Death First, (Primary,) Inf. of bowels

Second, (Immediate,) .....

Duration of last Sickness, Nine days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, June 9th 1880

Undertaker, P. Kennedy

Place of Business, ...

Emil Hildebrandt M. D.
Medical Attendant.

Address, N. E. Cor. Columbia Ave & Dawson Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1930 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James L Baker

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 1 yrs

Place of Death, {Give street and number} 67 Chuck st -

Cause of Death {First, (Primary,) Phthisis Pulmonalis

{Second, (Immediate,) Tu

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 8th 1930

Undertaker, Geo. H. Perkins Jr & Co

Place of Business, 128 Hanover *Address,* 315 Light st

R. & P. Ed's *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 40499 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JUN 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6 the 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Darkins

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, One (1) *Years,* Four (4) *Months,* *Days.*

Color, Col'd

Married, Single, Widow or Widower. {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 499 Mc Elderry

Cause of Death, First, (Primary.) Dysentery

Second, (Immediate.) Exhaustion

Duration of Last Sickness, One (1) Week

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, June 8th 1880

Undertaker, Thos J Locke

Place of Business, 13 Jefferson St

G. L. Wilkins M.D.
Medical Attendant.

Address, 499 N Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 111300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurie H Hopkins Lewis

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.} Parents

Age, ——— *Years,* ——— *Months,* 13 *Days.*

Color, Colo

~~*Married*~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ~~46 N Hanover St~~ Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 46 N. Hanover St

Cause of Death, First, (Primary.) Premature Birth

Second, (Immediate.) Debility

Duration of last Sickness, since Birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 8th 1880

Undertaker, Fred J. Locke

Place of Business, 73 Jefferson St

J. D. Geoff M. D.
Medical Attendant.

Address, 133 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

The Special Attention of Physicians is respectfully invited to the Reverse [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Siller

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 54 *Years,* 10 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, XXX

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Saxon in Hesse Darmstadt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 157 Bank

Cause of Death, First, (Primary.) Carcinoma Uteri

Second, (Immediate.)

Duration of last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 9 80

Undertaker, Michael Fuchs

Place of Business, 35 Bank St

James E Donnelly M. D.
Medical Attendant.

Address, 29 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgeana Hill

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* 6 *Days.*

Color, Colord

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Smith St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 8 Rose St

Cause of Death, {First (Primary,) ... Inflamation liver
Second (Immediate,) " Brain

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 8th 1880

{*Undertaker,* Wm F Bishop Co.
Place of Business, 17 Druid Hill Ave

Wm J Cole M. D.
Medical Attendant.

Address 235 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Instructions

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44303

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E. Swain

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 503. N. Fremont St

Cause of Death { First, (Primary,) Second, (Immediate,) Chronic Enteritis all its life

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 7th 1880

Undertaker, Andrews & Hodges

Place of Business, Druid Hill *Address,* Comm of Health & Registrar

Thos A Shuman M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Brown

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margareth Hopt

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 21 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number} 30 Little Walsh St

Cause of Death First, (Primary,) Hypertrophy of the Heart

Second, (Immediate,) Hydrocarditis

Duration of last Sickness, Since her Eleventh year

All the above information should be furnished by the Physician.

Place of Burial, Germ. Luth. in Druid Hill

Date of Burial, June 9th 1880.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

G A Dohme M. D.
Medical Attendant.

Address, # 86 E. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40305

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Marcella Brown,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 11 Months, 21 Days.

Color, B. *Sex,* F.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 51 S. Grove st. Balto.

Duration of Residence in the City of Baltimore, Living City —

Place of Death, {Give street and number.} 51 S. Grove st —

Cause of Death, First (Primary,) Pneumonitis —

Second (Immediate,) Relaxed —

Duration of Last Sickness, 10 Days —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 8 1880

Undertaker, S W Chase

Place of Business, No 198 Harrison st

J. L. Ingle M. D.
Medical Attendant.

Address 247 Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40306

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary P. Miller

Sex, Male or Female, {cross out the word not required in this line.}

Age, about 70 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Snow Hill Maryland

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and number} 4 Bunyer St

Cause of Death First, (Primary.) Heart Neuralgia

Second, (Immediate,) "

Duration of last Sickness, about ½ an hour

All the above information should be furnished by the Physician.

Place of Burial, Greder Hill Cemetery

Date of Burial, June 8

Undertaker, Dr. Smithson & Denny

Place of Business, 12 Lytle *Address,* 161 Saratoga St

Dr. Bell M. D.
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Boyd

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maternity Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Nursery and Child's Hospital

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 8

C. F. Brown M. D.
Medical Attendant.

Undertaker, C. W. Blizzard

Place of Business, 201 Pearl

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Dunn

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Norfolk Co Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nursery & Child's Hospital

Cause of Death, First, (Primary,) Mal-Nutrition

Second, (Immediate,) ____

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Fondenlurk

Date of Burial, June 8

C. F. Swan M. D.
Medical Attendant.

Undertaker, C. W. Blizzard

Place of Business, 207 Penn *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Durkson Albrecht

Sex, Male or Female, { cross out the word not required in this line. }

Age, — *Years,* 3 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, 3 months.

Place of Death, { Give street and number } 920 N. Pratt Street

Cause of Death { First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 8 1880

Undertaker, John P Paulus

Place of Business, 66 Fredrick Ave *Address,* Carroll P.O. Balto. Co.

Geo. S. Holliday M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Mack

~~*Sex, Male or Female,*~~ {Cross out the words not required in this line.}

Age, 65 *Years,* — *Months,* 10 *Days*

Color,

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Rally Keeper

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and number.} 361 East Eager

Cause of Death, First (Primary,) Cancer of Stomach

Second (Immediate,) exhaustion

Duration of Last Sickness, six months

All the above information should be furnished by the Physician.

Place of Burial, Fells Point Cemetery

Date of Burial, June 9th 1880

Undertaker, Casper Eckhardt

Place of Business, 269 Canton Ave

L Gutermuth M.D.
Medical Attendant.

Address, 137 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40311

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. Alexander M Forsyth

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, Forty Two *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No 58 E. Eager St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Heart Disease

Duration of last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, June 9th

Wm H. Clendinen M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, —

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Laessner,

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty-five yrs.

Place of Death, {Give street and number} 31 S. Wolfe

Cause of Death {First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) & Laryngitis,

Duration of last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, June 8th 80

Undertaker, W. France

Place of Business, 280 Canton ave

H. H. Knek M. D.
Medical Attendant.

Address, Balt. & Fay. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40313

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelia Carter

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 14 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Va

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 87 S. Sharp St.

Cause of Death, {First (Primary,) Typhus Fever

Second (Immediate,) 3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lancaster Co Va

Date of Burial, June 8d 1880

Undertaker, C. F. Krauss

Place of Business,

R. C. Lee M.D.
Medical Attendant.

Address, Hanover & Barre sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1794 Krauss

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charley

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ... *Years,* ..... *Months,* about 14 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, his entire 4 days

Place of Death, {Give street and number} St. Vincents Infant Asylum

Cause of Death { First, (Primary,) Marasmus
Second, (Immediate,) .....

Duration of last Sickness, When admitted

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 9 1880

Undertaker, C. Bramhall

Place of Business, 57 Division St.

Martin Brown *M. D.*
Medical Attendant.

Address, 6 Mc Culloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40315

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Yales

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Supposed to be 78 *Years,* ~~—~~ *Months,* ~~—~~ *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, Never known

Place of Death, {Give street and number} 9 Johns Alley

Cause of Death First, (Primary.) Hypertrophy of the Heart

Second, (Immediate,) "

Duration of last Sickness, About 3 months

All the above information should be furnished by the Physician.

Place of Burial, Potters Cemetery

Date of Burial, June 8 1880

Undertaker, Charles H. White

Place of Business, 35 Hanover St

Elias C. Price M. D.
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on b...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40316

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Moody

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, — *Years,* 1 *Months,* 11 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } S

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 44 Cohen alley

Cause of Death { First, (Primary,) Dysentria / Second, (Immediate,) Exhaustion

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 7/80

Undertaker, F A Kerchner

Place of Business, 50 Hamilton Ave

Robt V Mifflin M. D.
Medical Attendant.

Address, 58 N. Front St

Hem. Dysentery

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. of th

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose Cadden

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, Black *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 98 Barre St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Druid cemetery

Date of Burial, June 8 1880

Undertaker, Wilbur Monroe

Place of Business, No 62 East St

A. T. Bell M. D.

Medical Attendant.

Address 234 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40 818

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 8 1880 HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 8th June 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabetha Zirkel

Sex, Male or Female, { cross out the word not required in this line. }

Age, 49 *Years,* 7 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Darmstadt, Germany 47 years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } S. Ann's Street 269.

Cause of Death, First, (Primary,) Hydrops Ascites

Second, (Immediate,) 7 months'

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 9 June 1880

Undertaker, John C. [illegible]

Place of Business, 268 [illegible]

H. Henkel M. D.
Medical Attendant.

Address, S. Wolfe & 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Oswald Knot

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* Two *Months,* Five *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} No 188 S. Howard St.

Cause of Death, First, (Primary,) Sudden changes of temperature &c, Strumous

Second, (Immediate,) Atrophy & Irregular circulation from Birth

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 9

L. D. Dyer M. D.
Medical Attendant.

Undertaker, Hercules Ross

Place of Business, 95 Conway St. *Address,* 146 Hill St.

I. WINTERNITZ

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41320

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 8 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Ferguson

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 57 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Rail Road Employee

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give street and number } 134 Dolphin

Cause of Death, { First, (Primary,) Carcinoma of the neck
Second, (Immediate,) .....

Duration of last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, June 9th 1880

Undertaker, Andrews & Hodges

Place of Business, 164 & 166 Druid Hill Ave

J. J. Kelly M. D.
Medical Attendant.

Address, 89 N Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Reverse Side of this Certificate.

Board of Health, City of Baltimore

Permit No. 41321

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernst Pilman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* 10 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 127 Fulton av

Cause of Death, {First, (Primary,) Cholera infant

{Second, (Immediate,) Spurious Hydrocph.

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Lauriel Cemetery

Date of Burial, June 9 or 1880

Undertaker, Henry Lander

Place of Business, 252 Lanvale st

Louis Klein M. D.
Medical Attendant.

Address, 22 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10322

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Slouch

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 5 yrs.

Place of Death, {Give street and number} 128 Ft. Lane

Cause of Death First, (Primary,) Pneumonia — Typhoid

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, June 9th

Undertaker, E. Hark

Place of Business, No. 411 Light Street.

R. H. Ellis M. D.
Medical Attendant.

Address, 810 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 40323 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Koenigs

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 5 Months, 2 3 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 72 Block St.

Cause of Death, First, (Primary.) Meningitis (Tubercular)

Second, (Immediate.) Convulsions

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 8. 1880

Undertaker, H. A. Dayer

Place of Business, 74 S. Broadway

Jno. S. Sinnly M.D.,
Medical Attendant.

Address, 17 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph James Burch.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 618 W. Baltimore St

Cause of Death First, (Primary,) Pneumonia & Meningitis

Second, (Immediate,) Meningitis

Duration of last Sickness, 18 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, June 9th 1880

Undertaker, Dor B Lash

Place of Business, 707 N. Baltimore street

W G Requardt M. D.
Medical Attendant.

Address, N.W. Fayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40325

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelaide Cole

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, about 39 *Years,* (Deducted) *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number} 79 Mulberry St.

Cause of Death, First, (Primary.) Cancer of Stomach

Second, (Immediate,) about 9 months

Duration of last Sickness, about 9 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, June 8th 80

Undertaker, Jas. E. Landa

Place of Business, No 22 Park Ave

R. Smith M. D.
Medical Attendant.

Address, 108 E. Church St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 40326 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 9 1 1880 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Permelia A. Saffield

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age 50 *Years,* 6 *Months,* *Days.*

Color White

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Worcester Co. Md.

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number.} 295 E. Lombard St.

Cause of Death, First, (Primary.) Measles

Second, (Immediate.) Bronchio pneumonia

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, June 9th

Undertaker, Henry Sander

Place of Business, 952 Eastern Ave.

Jno. S. Lynch M.D.,
Medical Attendant.

Address, 17 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 9 1880

CERTIFICATE OF DEATH.

Date of Death, June 7th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Benbow

Sex, Male or ~~Female~~, {cross out the word not required in this line.} ~~Female~~ Male

Age, ____ *Years,* 4. *Months,* 11 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baker St. Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Baker St. No 106

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) ____

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Queenann Co. Md.

Date of Burial, June 9th 1880

G. W. Annis M. D.
Medical Attendant.

Undertaker, Jno. C. Shenouelt

Place of Business, 336 Penna ave

Address, Cor Stricker & Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transcript 1795

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40328

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1880

CERTIFICATE OF DEATH.

Date of Death, June 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luber Hartwig

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 3 ~~4~~ *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 313. W Pratt

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 9th 1880

Edwd F Michaelson M. D.
Medical Attendant.

Undertaker, W. Seewald

Place of Business, 35 S. Eutaw St *Address,* 279 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Mahnes

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 991 N. Pratt st.

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Cerebritis

Duration of last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Wales Cemetery

Date of Burial, June 9 1880

John Hood *M. D.*
Medical Attendant.

Undertaker, John P Poulos

Place of Business, 66 Fredrick Ave *Address,* 2 N. Carey st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 411330

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Hoffman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 135 Pine St

Cause of Death, First (Primary,) Intemperance

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, May 9th 1880

Undertaker, J. Timmes

Place of Business, Mulberry St

W. E. Hough M. D.
Medical Attendant.

Address Cor Greene & Mulberry Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40331

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Reinhaimer

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 7 *Years,* *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 425 N. Pratt St.

Cause of Death { First, (Primary,) Scarlatina

Second, (Immediate,) 8 to 9 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, June 10th 1880.

Undertaker, George Lembach

Place of Business, 389 N. Pratt St. *Address,* 15-2 Shank's

R. J. H. Tull M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Marguetta Plumhoff

Sex, ~~Male~~ *or Female,* { cross out the word not required in this line. }

Age, — *Years,* 4 *Months,* 28 *Days.*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } N 27 May St

Cause of Death, First, (Primary,) Cholera infantum

Second, (Immediate,) General Contration

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Matheas

Date of Burial, June 10/80.

Undertaker, J. D. Rowing

Place of Business, 9 J. O'Baker

Henry Salzer M. D.
Medical Attendant.

Address, 165 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 41333

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Colton

~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 80 *Years,* — *Months,* — *Days.*

Colored

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 94 S Dallas St

Cause of Death First, (Primary,) Paralysis

Second, (Immediate,) Six days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co Md

Date of Burial, June 9th 1880

Undertaker, Jno. W. Lucas

Place of Business, Wolfe st

S. H. Martin M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(Transit Permit No. 1796)

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th June 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Winefred Murphy

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 71 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 45 yrs.

Place of Death, {Give street and number} 98 S. Eutaw St.

Cause of Death, First, (Primary,) old age - 8

Second, (Immediate,) ~~8 months~~ Asthenia

Duration of last Sickness, 8 months -

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 10th 1880

Undertaker, John Thacher

Place of Business, Fred'k Carnden

Chas. Van Bibber M. D.
Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49335

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June ~~May~~ 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Young

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ~~—~~ *Years,* 6 *Months,* ..... *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Morris St no. — 22

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) "

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 9 1880

Undertaker, S W Chase

Place of Business No 198 Howard St

Thomas Pue M. D.
Medical Attendant.

Address, 5 H Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 3:10 P.M. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace David

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 11 *Years,* 8 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 111 E. Pratt Street

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) ____

Duration of last Sickness, One month was called in June 26th last Sunday

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 10th

James E Donnelly M. D.
Medical Attendant.

Undertaker, H. Frank

Place of Business, 35 Bank St *Address,* 299 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40337

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Reilly

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~ Years, ~~ Months, 18 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 163½ Green Mount Ave

Cause of Death {First, (Primary,) Second, (Immediate,)} Chol Infantum 5 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial New Cathedral

Date of Burial June 9th 1880

Undertaker, H. C. Wiedefeld

Place of Business, 90 Green Mt Ave

Thos A Stevens M. D.
~~Medical Attendant.~~

Address, Comm of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jos P. Smith

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 40338

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 80.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cath^e E Foard

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 50 *Years,* / *Months,* 8 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} 61 St. Peter St.

Cause of Death, First, (Primary,) Insanity

Second, (Immediate,) Progressive Paralysis of Insane

Duration of last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 10th

Undertaker, Wm J. McNeir

Place of Business, 65 S. Eutaw *Address,* 55 Do Greene

H. H. Kane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 41339

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JUN 9 1880

CERTIFICATE OF DEATH.

Date of Death, Thurs 8th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Schmidt

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Two (2) *Years,* Nine (9) *Months,* Six (6) *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Council City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 457 W. Lexington St

Cause of Death, First, (Primary.) Tubercular Meningitis

Second, (Immediate.) Marasmus.

Duration of Last Sickness, Fifteen (15) Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 10th 1880

Undertaker, Wm. H. Smith

Place of Business, 263 East Eager St *Address,* Eager & Forrest Sts

H. V. Sloan M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimo

Permit No. 4034 0

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Frank Gorten

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.} (Parents

Age, ——— *Years,* ——— *Months,* 28 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 726, Hanover St

Cause of Death { First, (Primary,) Second, (Immediate,) Scrofula

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemy

Date of Burial, June 9th 1880

Undertaker, C. F. Krause

Place of Business, ——— *Address,* Comm of Health + Registrar

Thos A Clemens M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by John E. Burdsall

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. [illegible] 5 41 # 40341

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Long Denison

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 2 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 150 Orleans St

Cause of Death, First, (Primary,) Premature Birth.

Second, (Immediate,) Debility

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 9 1880

Undertaker, H. A. Sauer

Place of Business, 74 S. Broadway

C. J. Gross M. D.
Medical Attendant.

Address, 137 Orleans St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41342

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1880 10½ P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Hays Anderson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 *Years,* 6 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} XXX

Occupation, X X X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Salt Lake City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 23 S Regester

Cause of Death, First, (Primary.) Malignant Scarlet Fever

Second, (Immediate.)

Duration of last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, June 9. 1880

Undertaker, H. A. Dauger

Place of Business, 74 S. Broadway

James E Donnelly M. D.
Medical Attendant.

Address, 296 Bond Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 40343

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names parents} Susan Eudenea Krehler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 5 *Months,* 22 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 3 Camden Lane

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) "

Duration of Last Sickness, Almost two months

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 9th

E Glover, Cox M. D.
Medical Attendant.

Undertaker, F. N. Boll

Place of Business, #131 Hanover St *Address* 289 W. Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1889.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Scott

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.} Female

Age, 30 *Years,* × *Months,* × *Days.*

Color, Black

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation, Washerwoman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Four years.

Place of Death, {Give street and number} 6 Winters St.

Cause of Death, First, (Primary.) Child-birth

Second, (Immediate.) Asthenia -

Duration of last Sickness, Four & a half days

All the above information should be furnished by the Physician.

Place of Burial, Church of Cemetery

Date of Burial, June 9th 89

R. B. Fishburne M. D.
Medical Attendant.

Undertaker, Geo. W. Perkins Jr & Co.

Place of Business, 130 Hanover St. *Address,* S.E. Cor. Light & Cross Sts.

JUL 3 1889 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 40345

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Boston.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, C

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number.} 18 Hunter St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Suppressed Menstruation.

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, June 9. 1880

{*Undertaker,* Charles A White / *Place of Business,* 35 Granby street}

L. C. Gordon, M. D.
Medical Attendant.

Address 311 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40346

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Thomas — Mother

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 91 Chesnut Alley.

Cause of Death, First, (Primary,)

Second, (Immediate,) Umbilical Hemorrhage

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 3rd 1880

Undertaker, Wm H. Bishop

Place of Business, 5 mid Hill

James H Chamb M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Exam by John E. Durding

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Howard Prescott

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ——— *Years,* Eight (8) *Months,* ——— *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Infant

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 31 Forrest St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Lionel Cemetery

Date of Burial, June 9 1880

Undertaker, William N Bunger

Place of Business, No 62 East Street

Whitefield Winsey M. D.
Medical Attendant.

Address, 116 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 40348

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Bachrach

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.} Female

Age, 1 *Years,* 3 *Months,* ____ *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 3 North Calhoun

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} No 3, N. Calhoun

Cause of Death, First, (Primary,) Poison from Sewer now repairing Hustle

Second, (Immediate,) Dysentery Malegnant?

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loyd St Cemetery

Date of Burial, 10 June 1880

S. R. Ashler M. D.
Medical Attendant.

Undertaker, C. Hollander & Sons

Place of Business, 22 N. Pratt st *Address,* 23 & W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Estella Ward

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 108 Union St

Cause of Death First, (Primary,) Teething

Second, (Immediate,) Meningitis

Duration of last Sickness, Next five days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Thursday June 10.

Undertaker, George Shilling

Place of Business, Washington, D.C.

Milton A. Taylor M. D.
Medical Attendant.

Address, Broadway & McElderry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucien Causey

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and number} 10 Ohio Ave.

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) Asthenia

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 9th 1880

Undertaker, Geo. H. Pilkington

Place of Business, 130 Hanover st

E. L. Burge M. D.
Medical Attendant.

Address, 206 S. Haupt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40351

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza J. Thos. W. Barber Unnamed Parents

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 2 *Days.* Hours

Color, White

Married, *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U S A

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No 246 N. Caroline st

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) —

Duration of last Sickness, 2 days 7 hours

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 9th 1880

Undertaker, Wm. H. Hickman

Place of Business, 234 E. Gay St.

J. Ridgway Bridé M. D.
Medical Attendant.

Address, 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 40352

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Farren

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 56 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 338 E. Monument St

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Pneumonitis

Duration of last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 10th

Edward R. Wells M. D.
Medical Attendant.

Undertaker, Geo. Schaffer

Place of Business, ____ *Address,* 138 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DOLANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases of Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40353

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Kraus

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* 20 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Chase 886

Cause of Death, First, (Primary,) Branition

Second, (Immediate,)

Duration of last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 10th

Undertaker, Geo Schilling

Place of Business,

J. J. White, M. D.
Medical Attendant.

Address, 761 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Edwards Myers

~~Sex~~, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, School boy

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard Co Maryland

Duration of Residence in the City of Baltimore, 8 1/2 years

Place of Death, {Give street and number} 75 Parkin Street

Cause of Death, First, (Primary.) Natural

Second, (Immediate,) Malignant Intermittent Fever

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Md Howard Co. Baltimore

Date of Burial, June 10th 1880

Undertaker, Jos. B Leach

Place of Business, No 707 W Baltimore street

H. K. Worley M. D.
Medical Attendant.

Address, 158 Hanover Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1795 Trees

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40353

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edria Evans

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, Years, Four Months, Fourteen Days.

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, During life

Duration of Residence in the City of Baltimore, 419 E. Eager St

Place of Death, {Give street and number}

Cause of Death { First, (Primary,) Enteric-colitis / Second, (Immediate,) Hydrocephaloid

Duration of last Sickness, About ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, June 10th 1880.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay st.

Elias C. Price M. D.
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40356

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday June 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amos L Doughty

Sex, Male or Female, {cross out the word not required in this line.} Male ~~Female~~

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} E. Biddle St near Greenmount Ave

Cause of Death, First, (Primary.) Tuberculosis

Second, (Immediate,) Tubercular Meningitis

Duration of last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cem Canton

Date of Burial, June 10th 1880

Wilmer Brinton M. D.
Medical Attendant.

Undertaker, Wm H Hickman

Place of Business, 234 N Gay St

Address, 25 E Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 40357

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 10 1880 BALTIMORE

Date of Death, June 10/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Earl Wood

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 7 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 410 E. Pratt St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) .....

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, June 11th 1880

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

C. W. Mansfield M.D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40358

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert C Chew

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, *Years,* (9) Nine *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 114 Mulberry St

Cause of Death {First, (Primary,) Cholera Infantum

Second, (Immediate,) Marasmus

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 11th 1886

Undertaker, John Meaher

Place of Business, Canton Place

Wm. A. Blake M. D.
Medical Attendant.

Address, 165 Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40359

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Amphlett Moffitt

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No. 67 E. Balto. St.

Cause of Death, First, (Primary,) Tuberculosis Diathesis

Second, (Immediate,) Tuberculosis Meningitis

Duration of last Sickness, About one month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 11th June 1880

Undertaker, H. W. Jenkins Son

Place of Business, 16 Light St.

Christopher Johnston M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40360

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Lewis

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.} Mother

Age, ——— *Years,* ——— *Months,* 1/12 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 82 Little Mc Elderry St

Cause of Death First, (Primary,) Premature Birth (7 mos

Second, (Immediate,) Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 10th 1880

James A Steuart M. D.
~~Medical Attendant.~~

Undertaker, Thos. D. Locke

Place of Business, 73 Jefferson St *Address,* Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by - Beverly Diggs

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40361

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant unnamed, give names of parents.} Charles Lenze Kay

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 9 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} x x x

Occupation, x x x

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 200 E Fayette

Cause of Death, First, (Primary,) Chronic Inflamation of Mastoid Cells

Second, (Immediate,) Pyaemia

Duration of last Sickness, Several Months. Called in May 24th

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, 11th June

James E. Donnelly M. D.
Medical Attendant.

Undertaker, Daniel Hesling

Place of Business, ____

Address, 299 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40362

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday June 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Albert

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 56 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Harness Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number} # 27 Harford Ave

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,) Dropsy & Asthma &c

Duration of last Sickness, Eight Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Mem.

Date of Burial, June 11th 1880

Wilmer Brinton M. D.
Medical Attendant.

Undertaker, Wm. H. McSherry

Place of Business, 234 N. Gay st. *Address,* 25½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40363

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Fisher

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 61. *Years,* 4, *Months,* 25. *Days.*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 31 Fourth Place

Cause of Death { First, (Primary,) Dyspepsia & Sub Acute Chronic Intestin
Second, (Immediate,) Acute Intestitis

Duration of last Sickness, Undefinite

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetary

Date of Burial, June 10 1880

Undertaker, Mr. Geo. Schilling

Place of Business, [redacted] *Address,* 18 Druid Hill St

Gust Kayser M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ward.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* 7 *Months,* ~~Days.~~

Color, Light *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore County.

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give street and number.} No 1 Day alley.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 10.

Undertaker, Charles T. Tice

Place of Business, 35 Greenby st

Address Park Ave & Mulberry St

Thos. S. Lay *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan E. Murray

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 15 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 160 N. Chappell St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 10th 1880

Undertaker, Wm Madden

Place of Business, 280 Chew St

J. Flynn M. D.
Medical Attendant.

Address, 132 Oakley St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dickerson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, Colored

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~In~~ Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number} 56 Hampstead St

Cause of Death, {First, (Primary,) Ovarian Tumor; Second, (Immediate,) Dropsy}

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 10 1880

Undertaker, [illegible]

Place of Business, 280 Chew St.

D. J. Gross M. D.
Medical Attendant.

Address, 137 Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} G Antola

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, 6 WEEKS

Place of Death, {Give street and number} University Hospital

Cause of Death {First, (Primary,) Fabies Mesenterica

Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemetery

Date of Burial, June 10 80

Undertaker, F. A. Kershner

Place of Business, 530 Hanover Ave

F. West M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9 — 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. Henry Ackerman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 15 *Months,* 10 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 249 East Pratt

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cemetery

Date of Burial, June 12th

Undertaker, Friedrich Gaudt

Place of Business, No 29 E. Cardines St *Address,* Cor Bridge & Pratt

Jno C Zeigler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40369

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Bright

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, 4 Months *Years,* ____ *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and number} No 59 E. Street

Cause of Death, First, (Primary.) Diarrhoea,

Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loane Cemetery

Date of Burial, June 10th 1880

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga 21

J. W. Chambers M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Purpur

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Brick Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 57 Years

Place of Death, {Give street and number} No 8 Walker St

Cause of Death, First, (Primary.) Gastric Enteritis

Second, (Immediate,)

Duration of last Sickness, 12 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Maynard Oliver Cem

Date of Burial, June 11th 1880

H L Klein M. D.
Medical Attendant.

Undertaker, Jacob Koehler

Place of Business, Sharpe Bros

Address, 387 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Baltimor

Permit No. 4037

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Balto June 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hilda Wiesenfeld

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 1 *Years,* 3 *Months,* X *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X

Occupation, X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 94 E Balto Street

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Lloyd Cemetery

Date of Burial, June 10 1880

Undertaker, Wm. Elam

Place of Business, 101 Gough St

A Friedenwald M. D.
Medical Attendant.

Address, 88 W Eulaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moselle Wiesenfeld

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, x / x *Years,* ~~x~~ Three *Months,* xx *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} x

Occupation, x

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 94 E Baltimore Street

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,) Meningitis

Duration of last Sickness, ten days

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cem

Date of Burial,

Undertaker, Wm Exlane

Place of Business,

A Friedenwald M. D.
Medical Attendant.

Address, 68 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40373

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Power

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 35-2 N. Washington St Grasmus Maternity

Cause of Death, First, (Primary,) ____

Second, (Immediate,) ____

Duration of last Sickness, 5 Days

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, 11th of June

W. L. Russell M. D.
Medical Attendant.

Undertaker, Adam Funk

Place of Business, 461 W Gay St

Address, Broadway & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40374.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Benner Shenaffinger

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* ____ *Months,* 5 *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 34 Sharp st

Cause of Death, First, (Primary,) Scarletina

Second, (Immediate,) Anemic Convulsions

Duration of last Sickness, About 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Alpha Cemetery

Date of Burial, Fri 11 Th 80

Undertaker, Lane & Bartels

Place of Business, 42½ W. Balt St

H Darling *M. D.*
Medical Attendant.

Address, 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francesco Antonia Devia

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* X *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since

Place of Death, {Give street and number} 67 Frenchs St Balto.

Cause of Death { First, (Primary,) Congestion of the brain
Second, (Immediate,)

Duration of last Sickness, about 2 days

All the above information should be furnished by the Physician.

Place of Burial, I Consents Cemetery

Date of Burial, June 11

Undertaker, Wendelken Lizzie

Place of Business, Bond East 150

Geo. S. Kummau M. D.
Medical Attendant.

Address, 73 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Bell

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* 21 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 182. S. Spring St

Cause of Death { First, (Primary,) Diarrhoea
Second, (Immediate,) Convulsions

Duration of last Sickness, 3 weeks —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, June 11th 1880

Undertaker, Chas. A. White

Place of Business, 35 Granby St

I Thomas Williams M. D.
~~Medical Attendant.~~

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by - I. P. Smith

[OVER.]

Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40377

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence J. Polly.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 5 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 23 N. Sharp St.

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,) "

Duration of last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, June 12th 1880

Undertaker, W. J. Jenkins

Place of Business, 65 S. Eutaw

W. McLeguche M. D.
Medical Attendant.

Address, Mt. Fayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITA

Permit No. 40 3,78

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John O L. Findley,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days.*

Color, White ~~Sex,~~

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} St Vincents Hospital

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, York Pa

Date of Burial, June 12th 1880

Chas. Hunt, M. D.
Medical Attendant.

Undertaker, R Kennedy Jr

Place of Business, 92 N Broadway Bal

Address 45 W. Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 10 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Myers

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* — *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 2 Arch St

Cause of Death First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Marys St Cemetery

Date of Burial, June 11th 1880

Undertaker, A. Ross

Place of Business, 95 Conway St

James A Steuart M. D.
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Browne

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 40380

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } V. F. Bourne

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 34 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Salesman Calvert Co Md

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 10 years

Place of Death; { Give street and number. } 48. S Howard St

Cause of Death, { First (Primary,) Heart Dis. / Second (Immediate,) }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Calvert County Md. D. F. Wilkins M. D.

Date of Burial, June 12th 1880 Medical Attendant.

Undertaker, Wm Mischler,

Place of Business, Taca & Camden St, *Address* 169 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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The special attention of Physicians is respectfully invited to the Remarks below. Also to List of Diseases on R...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lyle & Goldsmith

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, Male

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 385 St Charles ave

Cause of Death, { First, (Primary.) Bronchial Infantile

{ Second, (Immediate.) ____

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 11th

Undertaker, John T. Hough

Place of Business, 319 E. Saratoga

Address, 121 N. Howard

Clifford T. ____ M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry O. Dowling,

Sex, ~~Male or Female~~, {cross out the word not required in this line.} Male

Age, ~~Years~~, 7 Months, 24 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} #118 Battery Ave

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Diarrhoea

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 12

D. J. Reinhardt M. D.
Medical Attendant.

Undertaker, B. Keale

Place of Business, 411 Eight St.

Address, 166 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...L. J. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OV...]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40383.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 10th. June. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johanna Schwarten

Sex, Male or Female, { cross out the word not required in this line. }

Age, 1 *Years,* *Months,* 5. *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Dairy Lifetime

Place of Death, { Give street and number } N. Chapel Court 67

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 11th 1880

Undertaker, H. H. Gibney Jr.

Place of Business, 341 Canton Ave.

Wilbur H. Hazel M. D.
Medical Attendant.

Address, N. Chapel & 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fredrick Ringard

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 53 yrs

Place of Death, {Give street and number} 337 N. Bond St.

Cause of Death First, (Primary,) Malignant disease of Stomach

Second, (Immediate,) Exhaustion

Duration of last Sickness, 5 or 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 12th

Undertaker, Geo Schilling

Place of Business,

Geo. H. Nattrass M. D.
Medical Attendant.

Address, 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John ~~Manitoba~~ Charles Brown

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Years, 11 Months, 20 Days.

Color, white

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Blk Air above Federal St.

Cause of Death {First, (Primary,) Cholera Infantum. / Second, (Immediate,)

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 13th

Undertaker, Geo Schilling

Place of Business,

J. Russell Martin M. D.
Medical Attendant.

Address, Blk Air & Washington Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Martha A. Wooden

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 304 Hanford Ave

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 13th

Undertaker, Geo Schilling

Place of Business,

Jno. Brooke Boyle M.D.
Medical Attendant.

Address, 16 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Gall

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, B.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 96 Raburg Street

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 11 1880

Chas H. Reff M. D.
Medical Attendant.

Undertaker, ~~No 194 Pratt and~~

Place of Business, ~~No 195 Hurwood~~ *Address,* 306 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4113.88.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lottie Chambers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* 15 D

Color, Col'd *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 152 Druid Hill Av.

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 152 Druid Hill Av.

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, Indefinite

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 11 1880

W. H. Thompson, *M. D.* Medical Attendant.

Undertaker, S. W. Chase

Place of Business, No 198 Howard St *Address* 41 Orchard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 11 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ecklofstein

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 76 *Years,* 4in *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany. 38 years

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number} 11 75 Eastern Ave.

Cause of Death { First, (Primary,) Old age
Second, (Immediate,) Marasmus

Duration of last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, June 12th

Undertaker, Michael Funk

Place of Business, 35 Bank St.

L C Mullerait, M. D.
Medical Attendant.

Address, 12 S. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amanda M. J. Lynch

Sex, Male or Female, { cross out the word not required in this line. }

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Somerset county Maryland

Duration of Residence in the City of Baltimore, about 20 Years

Place of Death, { Give street and number } 84 Wilhelm St.

Cause of Death { First, (Primary,) Consumption of Lungs - Second, (Immediate,) about one year -

Duration of last Sickness, about one year

All the above information should be given hereby the Physician.

Place of Burial, Point C. Philadelphia -

Date of Burial, June 12 1880

Undertaker, J. B. Blackistone & Co

Place of Business, 606 Balt st *Address,* 582 N Fayette st

W. K. McKnew *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to h within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. DULANY & CO. CITY PRINTERS AND STATIONERS.

Old Methodist Ph Ken

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Johnson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 40 Cohen alley

Cause of Death {First, (Primary,) Dysentery / Second, (Immediate,) Exhaustion

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 10/80

Undertaker, J F A Kirchner

Place of Business, 50 Hanover Av

Robt M. Mitchell M. D.
Medical Attendant.

Address, 5-8 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41039

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 11 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9 '90

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Diana Ellis Walker

Sex, Male or Female, { Cross out the words not required in this line. } Female

Age, [redacted] *Years,* 23 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Nurse

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 252 N Gilmor St

Cause of Death, First (Primary,) Epilepsy

Second (Immediate,) Cerebral Hemorrhage

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 11

Undertaker, C. H. Blizzard

Place of Business, 207 E. Biddle

M. D.

Medical Attendant.

Address, 202 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 11 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jennie Goodyear

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Maternity

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Nursery & Child's Hospital

Cause of Death, { First (Primary,) Phthisis Pulmonalis

Second (Immediate,) .....

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial Louden Park

Date of Burial, June 11

C. F. O'Brien M. D.
Medical Attendant.

Undertaker, C H Blizzard *Address*

Place of Business, 207 Penn ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4103964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles White

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 5 weeks *Months,* ..... *Days.*

Color, ... *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Nursery and Child's Hospital

Cause of Death, First (Primary,) Mal-Nutrition

Second (Immediate,) .....

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 11

Undertaker, C. O'Blizzard

Place of Business, 207 Pac. ave *Address*

C. F. Ingram *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 40395

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Slaughter

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 40 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth)} Ohio

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, {Give street and number} City Hosp.

Cause of Death { First, (Primary,) Brights disease / Second, (Immediate,) Asphyxia

Duration of last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Charleston Ohio

Date of Burial June 11th 1880

Undertaker, Joseph F Byrne

Place of Business, 69 S Liberty

J H Branham M. D.
Medical Attendant.

Address, City Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Norton

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 6c Fruxton St

Cause of Death First, (Primary,) Premature Birth

Second, (Immediate,) Inanition

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 12th 1880

Undertaker, Abram Wayman

Place of Business, Saratoga St

Address, Comm of Health & Registrar

Thomas Sims M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examd by — L. P. Smith

[OVER.]

...Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Kelly

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 Years, 4 Months, ——— Days.

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 2 Church Ct

Cause of Death {First, (Primary,) Croup

{Second, (Immediate,)

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, June 11 1880

Undertaker, James P Byrne

Place of Business, 103 N Front St

J Nutter M. D.
Medical Attendant.

Address, 23 Frankfort

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40398

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Clark

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Cor. No. 12 Marshall & Forster Alley

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters' Cem

Date of Burial, June 11th 1880

R. B. Marrow M. D.
Medical Attendant.

Undertaker, Chas T Devries

Place of Business, 271 N Eutaw St *Address,* 156 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Green.

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 42, *Years,* *Months,* *Days.*

Color, White.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 29 years.

Place of Death, {Give street and number} 72 Henrietta St.

Cause of Death { First, (Primary,) Second, (Immediate,) Chronic Bright's Disease.

Duration of last Sickness, about 12 months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, June 12th 1880

Undertaker, C. F. Krause

Place of Business, 209 Hanover St.

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 S. Sharp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44400

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Catherine Hennessy

Sex, Male or Female, {cross out the word not required in this line.}

Age, 58 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number} 114 Ramsey

Cause of Death, First, (Primary.) Cancer of the Womb

Second, (Immediate.)

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Patrick, Bem

Date of Burial, June 12 1880

Chas F. Michael M. D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, 209 Hanover *Address,* 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ompulsorily referred to the Coroner, and to List of Diseases on Back...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 411401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 11 1930 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Tyler

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Brickmaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bale

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number} Robertsons Brickyard Res 32 Booth St

Cause of Death First, (Primary,) Unknown

Second, (Immediate,) Unknown natural, heart disease supposed

Duration of last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Shorpsh Cemetery

Date of Burial, June 12 1880

Undertaker, W Thomas Dunger

Place of Business, No 62 East Street

Edmund Rwallen M. D.
Medical Attendant.

Address, Coroners Office

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 110402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. M. Rechneck

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 5 6 *Months,* ____ *Days.*

Color, Wh.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 732 N. Back. Street

Cause of Death, First, (Primary,) Cholera Infantum

Second, ~~(Immediate,)~~

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, June 12

J. A. Keller M. D.
Medical Attendant.

Undertaker, J. H. Cook

Place of Business, 707 W. Pratt *Address,* 89 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Pontius

Sex, Male, Female, {cross out the word not required in this line.}

Age, 8 68 *Years,* 8 *Months,* — *Days.*

Color,

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} 606 W Pratt St

Cause of Death {First, (Primary,) Consumption
Second, (Immediate,) Old Age Asthma

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial June 11

A. A. Cotton M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 W Baltimore *Address,* 3163 W Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...respectfully invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4044024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th, 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry O. Hicks

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U. S.

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give street and number} 265 William St.

Cause of Death { First, (Primary.) Premature birth
, { Second, (Immediate,) Inanition

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Clare

Date of Burial, June 11 1880

Undertaker, Armstrong & Denny

Place of Business, 263 Light St *Address,* 313 Light St.

Geo. A. Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of Births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hardy Stewart

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ——— *Years,* 6 (six) *Months.* — *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number} 109 N. Charles St

Cause of Death { First, (Primary.) Bronchitis
, Second, (Immediate,) oedema of lungs

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cem'y

Date of Burial, June 11th 1880

Frank B. Dodge M. D.
Medical Attendant.

Undertaker, Pat Mullin

Place of Business, 6 S. P. Park Av *Address,* City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Bal...

Permit No. 40406 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

JUN 11 1880 BALTIMORE

Date of Death, June 9. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Philips

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give street and number.} 194 Hanover St

Cause of Death, First, (Primary.) Bronchitis

Second, (Immediate.) Apoplexy & Softening of the

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 13th.

Theodore Costa M.D.,
Medical Attendant.

Undertaker, F. N. Troll

Place of Business, #13 Hanover St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Boyd

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 63 *Years,* 6 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Coal

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No. 203 E. Pratt St.

Cause of Death, First, (Primary.) Dysentery

Second, (Immediate,)

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, June 12, 1880

Undertaker, H. A. Daigle

Place of Business, 74 S. Broadway

J. H. Bell M. D.
Medical Attendant.

Address, 244 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ttention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

Permit No. 44048

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10-1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Thomas

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Y

Age, ——— *Years,* 9 *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 247 N. Carey St

Cause of Death, First, (Primary.) Entero-colitis

Second, (Immediate,) Asthenia

Duration of last Sickness, 5 ds

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 13th 1880

Undertaker, William Weaver

Place of Business, 202 N. Eutaw St

C. C. McDowell M. D.
Medical Attendant.

Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...respectfully invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Fearley Sines

Sex, Male or Female, {cross out the word not required in this line.}

Age, One *Years,* 4 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, one year & 3 months

Place of Death, {Give street and number.} Fairmount Ave nr 7

Cause of Death {First, (Primary,) / Second, (Immediate,)} Diphtheritic Croup

Duration of last Sickness, one day & night

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, June 12 1890

Undertaker, Wm H Jenkins

Place of Business, No 234 W Fayette

Chas H Vogeley M. D.
Medical Attendant.

Address, 18 Wiggett Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...respectfully invited to the reverse below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Nebel

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Forty-four *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty six years

Place of Death, {Give street and number} No 12 Baltimore alley

Cause of Death { First, (Primary.) Strangulated Hernia
Second, (Immediate,) Intestinal obstruction

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, In Baltimore County

Date of Burial, June the 13th

Dieas Baldwin M. D.
Medical Attendant.

Undertaker, Peter Kimmel

Place of Business, 317 Mulberry St *Address,* 182 Forrest St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Anderson

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 2 1/2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 213 Hanover St.

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) Cerebral Effusion

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 13th

Undertaker, Armstrong & Dynan

Place of Business, Montgomery St. *Address,* 151 Hanover St.

J. C. Buck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40412

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emmie Stevenson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 354 E. Madison St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Congestion of Lungs

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, June 13th 1880

Jno. Brooke Boyle M. D.
Medical Attendant.

Undertaker, Andrews & Hodges

Place of Business, No 4x6 Druid Hill Ave

Address, 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...spectfully invited to the Remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40413

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John D. Shadelman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number} Union Protestant Infirmary

Cause of Death { First, (Primary,) Asthma
Second, (Immediate,)

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem't

Date of Burial, June 12th 1880

Undertaker, Andrews & Hodges

Place of Business, No 4x6 Druid Hill Ave

Chas Fawcett M. D.
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Fisher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Eighty-five *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Labourer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, Thirty-Years

Place of Death, {Give street and number.} No. 32 ~~St~~ St Marys st.

Cause of Death, First (Primary,) Debility-

Second (Immediate,) Bronchitis.

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery F. B. Gardner M. D.

Date of Burial, June 12, 1880 Medical Attendant.

Undertaker, Charles T. White

Place of Business, No 35 Granby st *Address* 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Johnson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, ~~Years,~~ One *Months,* — 14 — *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 187 Park st

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate,)

Duration of last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Anne Arundle County

Date of Burial, June 12th 1880

Undertaker, M Rauch

Place of Business, 200 Caroline

Thomas B. Evans M. D.
Medical Attendant.

Address, 92 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...respectfully invited to the Remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4 0 4 1 6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1880 - 5 40 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schunk

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 46 *Years,* 5 *Months,* 9 *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Saloon Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, {Give street and number} 46 E, Pratt St

Cause of Death {First, (Primary,) ... Second, (Immediate,) Paralysis Upper & Extremities

Duration of last Sickness, day & half

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 13 June 1880

Undertaker, Jas P Byrne

Place of Business, 69 Front St

A Lregg Shortzer M. D.
Medical Attendant.

Consulting,

Address, Drs Divinelle & Smith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Association of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40417

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Michell

Sex, Male or Female, {cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Scoman (Ireland)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Cor. John and Valley Sts

Cause of Death { First, (Primary,) old age
Second, (Immediate,)

Duration of last Sickness, one Day

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, June 12th 1880

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Jno Brooke Boyle M. D.
Medical Attendant.

Address, 166 E Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41414 18

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha L. Brown

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 7 *Days.*

Color, Negress

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give street and number.} 72 Davis St

Cause of Death, {First (Primary,) Convulsions

Second (Immediate,) 7 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 17th 1880

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga St.

— M. D.
Medical Attendant.

Address 51 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4414 19

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elija Gibson

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, ~~red~~

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} East 2d st No 195

Cause of Death { First, (Primary,) Dyspepsia Feeding
Second, (Immediate,) Indigestion Convulsion

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Levert Cemetery

Date of Burial, June 12 1880

Undertaker, William Berger

Place of Business, No 62 East Street

E C Baldwin M. D.
Medical Attendant.

Address, 124 s Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank. Obryon (Father

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5 hours *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 12 - Baker st (City)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 12 - Baker st (11)
Eyanosis

Cause of Death First, (Primary,)

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, June 12 1880

Undertaker, Chas T Scriven

Place of Business, 271 W Eutaw st

H. C. Hance M. D.
Medical Attendant.

Address, Corner of Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11. 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Elbert

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 72 *Years,* 6 *Months,* ..... *Days.*

Color, W

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number} 36 Myrtle av

Cause of Death, {First, (Primary,) Disease of Liver / Second, (Immediate,) .....}

Duration of last Sickness, 11 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 13 1880

Undertaker, Mathew Cadogan

Place of Business, 224 Mulberry St

Wm Tell Sims M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40422

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara M. Marshall.

Sex, Male or Female, {cross out the word not required in this line.} Female -

Age, —— *Years,* 3 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 6 weeks -

Place of Death, {Give street and number} 176 N. Carey St —

Cause of Death { First, (Primary,) & Cholera Infantum

Second, (Immediate,) ——

Duration of last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Longon Park Cemetary

Date of Burial, June 12th 1880

Undertaker, Peter G. Marshall

Place of Business, 176 N. Carey St

John T. King M. D.
Medical Attendant.

Address, 76 Edmondson Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ctfully invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40423

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11 — 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Allen

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 1 Day

Place of Death, {Give street and number} 128 Int. ave.

Cause of Death { First, (Primary,) 5th child-all died few hours after birth —
Second, (Immediate,) Convulsions

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Leiter Hill Cemetery

Date of Burial, June 12

R. P. Ellis *M. D.*
Medical Attendant.

Undertaker, B Mark

Place of Business, 411 Light st. *Address,* 315 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 140424

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 10 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 89.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Charlott Johnson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* 11. *Days.*

Color, W.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 240 Battery av

Cause of Death, First, (Primary,) Pertussis

Second, (Immediate,) Broncho Pneumonia

Duration of last Sickness, 2 Month 11 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 12, '89

Undertaker, [illegible]

Place of Business, [illegible]

Louis Lehman M. D.
Medical Attendant.

Address, 226 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...respectfully invited to the Remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 40425

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John K. Colwell

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 61 *Years,* — *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford County, Maryland —

Duration of Residence in the City of Baltimore, 45 Years —

Place of Death, {Give street and number} 628 N. Fayette st.

Cause of Death {First, (Primary,) / Second, (Immediate,)} Consumption of Lungs —

Duration of last Sickness, One Year.

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt. Cem.y

Date of Burial, June 14th 1880

Undertaker, Denny & Mitchell

Place of Business, 550 N. Fayette St.

Jr. D. McShane M. D.
Medical Attendant.

Address, 502 N. Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 110426

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 110426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vincent De Paul

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* 24 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 40 Cohen alley

Cause of Death, First, (Primary.) Dysentery

Second, (Immediate,) Exhaustion

Duration of last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 12 80

Undertaker, J F A Kirchner

Place of Business, 50 Hamilton Av

Robt W McFeeley M. D.
Medical Attendant.

Address, 58 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 40427 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Glassup

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* 5 *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, {Give street and number.} S. E. Cor. Castle & Canton av.

Cause of Death, First, (Primary.) Puerperal fever

Second, (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paulus Cemetary

Date of Burial, June 13th 1880

Undertaker, L. Ritz

Place of Business, 129½ S. Broadway *Address,* 117 S Broadway

R. W. Mansfield M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT JUN 11 1880 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, June 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V. Queen

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* 15 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 96 Chesnut St

Cause of Death { First, (Primary.) mal nutrition
Second, (Immediate,) Atrophy

Duration of last Sickness, one months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, June 12 1880

James Allen M. D.
No. Med. Attendant.

Undertaker, William M. Dunge

Place of Business, East St

Address, Comm of Healt + Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd by Jas P. Smith

[OVER.]

...ard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Peters

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* ... *Months,* ... *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 53. L. Monument St

Cause of Death, First (Primary,) Progressive pernicious anaemia

Second (Immediate,)

Duration of Last Sickness, More than a year

All the above information should be furnished by the Physician.

Place of Burial, Harford County

Date of Burial, June 13 1880

Undertaker, Wm. Jos. Gray

Place of Business, 53 E. Monument St.

J. E. Atkinson M. D.
Medical Attendant.

Address 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 440430

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 440430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11 - 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Heuisler

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, _____ *Years,* 6 *Months,* _____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 208 Canton Ave

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, June 12th

Undertaker, H. Froehlich

Place of Business, 246 Canton Ave

James E. Donnell M. D.
Medical Attendant.

Address, 299 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4 1 0 4 3 1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Burk

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 9 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 138 Lancaster st

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,)

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'y

Date of Burial, June 13th

Undertaker, H. Froehlich

Place of Business, 246 Easton st

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40432

...of Physicians is respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12 - 87

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura B. Murphy

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 29 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 29 days

Place of Death, {Give street and number} 46 Hanover St

Cause of Death { First, (Primary,) Phthisis / Second, (Immediate,) Exhaustion

Duration of last Sickness, 29 Days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, June 13th

Undertaker, H. N. Stroll

Place of Business, No 131 Hanover Address, 315 Light st.

Geo. W. Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4114433

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Maria Hoyle

Sex, Male or Female, {Cross out the words not required in this line.}

Age, ~ *Years,* / *Months,* 2 3 *Days*

Color, Wh

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number.} 11 Walnut St Court

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Asthenia

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 13 1880

Undertaker, H. W. Means

Place of Business,

Chas. Nevitt M. D.
Medical Attendant.

Address, 67 Wells St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 40434

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40434

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Straub

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} No 1 Wells Ct

Cause of Death, First, (Primary,) Syphilis

Second, (Immediate,) "

Duration of last Sickness, Said to have been sick a week - Seen by me once

All the above information should be furnished by the Physician.

Place of Burial, Eden St Congregation Ground

Date of Burial, 13th June

Undertaker, Myers Whitfield

Place of Business, 51 Orleans St

Whitfield Mussey M. D.
Medical Attendant.

Address, 116 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40435

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas W. Krell

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 390 Druid Hill Ave

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,)

Duration of last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 13

D. Welles M. D.
Medical Attendant.

Undertaker, C. H. Blizzard

Place of Business, 251 Pulaski *Address,* 89 Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ses on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4004136

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Viola E. Amos.

Sex, Male or Female, {cross out the word not required in this line.} Female.

Age, ... *Years,* 5 *Months,* ... *Days.*

Color, Whit

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nursery & Child's Hospital

Cause of Death { First, (Primary,) Mal- Nutrition
Second, (Immediate,) ... }

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jun 12

Undertaker, C H Blizzard

Place of Business, 201 Aliceanna *Address,* ...

C. F. Brown, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per...n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ferred to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilian J Gilbert

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} "

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 57 N Stricker St.

Cause of Death {First, (Primary,) Chol Infantum
Second, (Immediate,) one week

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 14th 1880

Undertaker, Andrew T Hodges

Place of Business, 47 61 Mid Hillen *Address,* 28 Franklin

Pattison M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 110438

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Ellen
Edward

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* 2 Two *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} 710 Hanover St

Cause of Death {First, (Primary,) Cholera Infantum
Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 12th 1880

Undertaker, Wm B Cook

Place of Business, No 707 West Baltimore Street

Jacob A Geil M. D.
Medical Attendant.

Address, 16 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40439

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary F. Johnson

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 1 *Years,* 4 *Months,* 7 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } S. Dueltymore St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 12th 1880

Undertaker, Chas J Locke

Place of Business, 23 Jefferson St

E. E. Gantt M. D.
Medical Attendant.

Address, 137 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40440

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlie Woodward

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 11 *Months,* 20 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 233 E Madison St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Convulsions died in a stat of Coma

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 18.

Undertaker, John Hevey

Place of Business, 382 Orleans St

A Aronson & Selby M. D.
Medical Attendant.

Address 145 Aisquith Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 40441

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12th June 1880-

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert S. Table-

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 9 (Nine) *Months,* ____ *Days.*

Color, White-

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Infant-

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Elverton Co. Va

Duration of Residence in the City of Baltimore, about 7 months

Place of Death, {Give street and number} no 44. E Townsend St-

Cause of Death, First, (Primary,) Cholera Infantum-

Second, (Immediate,) Cerebral congestion Convulsions

Duration of last Sickness, about Four days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, ____

Undertaker, H. W. Jenkins

Place of Business, ____

Mc Cuan Bibbs M. D.
Medical Attendant.

Address, 47. Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter E. Collins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, *Years,* 10 *Months,* 15 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 69 Amity St City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 69 Amity St

Cause of Death, First (Primary,) Entero-Colitis & Whooping Cough

Second (Immediate,) Convulsions.

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 15th 1880

Undertaker, F. T. Namnit

Place of Business, 830 Appleton St

J. H. Gibbons M. D.
Medical Attendant.

Address 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Briscoe

~~Male~~ *Male* ~~or Female~~, {Cross out the words not required in this line.}

Age, ... *Years,* — *Months,* — 3 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} hr 6 e Fem Church Street Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} hr 6 e Fem Church Street

Cause of Death, First (Primary,) Hemorrhage of Cord

Second (Immediate,) Anamia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem

Date of Burial, June 14th 1880

Undertaker, Peter Stumm

Place of Business, Mulberry St

H Starr M.D.
Medical Attendant.

Address No. 16 N. Liberty Street.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, Years, Months, Days.

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St marys orphan asylum

Cause of Death, First (Primary,) Diarrhea & Dyspepsia

Second (Immediate,) acheria

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 13th

F. E. Chatard M. D.
Medical Attendant.

Undertaker, H W Jenkins Son

Place of Business, 16 Light St. *Address* 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. .....

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th '80

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen R. Wilson

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, Black

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 73 yrs.

Place of Death, {Give street and number} Cor. Townsend & Maryland ave.

Cause of Death { First, (Primary,) Cerebral Apoplexy
Second, (Immediate,) Paralysis

Duration of last Sickness, Uncertain owing to great age

All the above information should be furnished by the Physician.

Place of Burial Westminster Church Yard
Corner Green & Fayette sts

Date of Burial, June 13th 1880

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light st

T. B. Brune M. D.
Medical Attendant.

Address, 207 Maryland Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hedilla Cain

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 111 Chestnut alley Balto.

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 50 Woodyear St

Cause of Death, First (Primary,) Fall from bed

Second (Immediate,) Congestion of Brain

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 13 1880

J. D. Iglehart M. D.
Medical Attendant.

{*Undertaker,* S W Chase

Place of Business, 38 (98) Howard St Address Eutaw & Biddle Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 40447

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine E. Germantauer,

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto, City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} N. W. Cor. Arch & Vine Sts

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Cholera Infantum 7 days.

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, June 13th

Undertaker, H Meyer

Place of Business, 106 So Howard St

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40448

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40448

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Erdmann

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, Three weeks.

Place of Death, {Give street and number} No. 42 Hanover st.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Inflammation of Bowels.

Duration of last Sickness, 3 wks.

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cem.

Date of Burial, June 13th

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av.

A. T. Clarke M. D.
Medical Attendant.

Address, 235 Gough st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 40445

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 13 1880 BALTIMORE

Date of Death, June 12/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hess

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 68 Lancaster St.

Cause of Death, First, (Primary.) Dysentery

Second, (Immediate.)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, June 14th

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av

R. W. Mansfield M.D.,
Medical Attendant.

Address, 1170 Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 40450

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40450

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Fisher

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 40 Colvin alley

Cause of Death, First, (Primary,) Dysentria Edidemica

Second, (Immediate,) Exhaustion

Duration of last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, June 13th 1880

Robt H. Winslow M. D.
Medical Attendant.

Undertaker, J. C. Jordan

Place of Business, 63 Park Ave

Address, 58 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen E Roff

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, — *Years,* 2 *Months,* — *Days.*

Color, Col *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 188 Chestnut Alley

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 188 Chestnut alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sirkness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, H. Pt.

Date of Burial, June 13 1880

Undertaker, G. C. Faulx

Place of Business, 65 Park Ave

Jno. L. Fulks **M. D.**
Medical Attendant.

Address No 64 Pearce

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 40452

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Thiele

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* 5 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 303 Aisquith 303 Aisquith

Cause of Death, First, (Primary,) Cholera infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Paulus Cemetery

Date of Burial, June 13th 1880

Undertaker, L. Ritz

Place of Business, 129½ S. Broadway *Address,* 245 Aisquith

J Thiele M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Charles O'Brien.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 1/2 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 141 Saratoga St

Cause of Death, First (Primary,) Scarlet Fever (Malignant.)

Second (Immediate,) .....

Duration of Last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial, Romish Cem'y C. F. O'Brien M. D.

Date of Burial, June 14/80 Medical Attendant.

Undertaker, Stewart & Hoover *Address* 241 Leidens Ave

Place of Business, # 35. Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 40454

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40454

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jinnie Echstine

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 16 16 *Years,* *Months,* 14 *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 256 Lexington st

Cause of Death, First, (Primary.) Phthisis Pulmonales

Second, (Immediate,)

Duration of last Sickness, About 5 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 14

Undertaker, Joseph B Cook

Place of Business, 707 West Baltimore

H Darlin M. D.
Medical Attendant.

Address, 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40455

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Wellslager

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 Days

Place of Death, {Give street and number} 187 Canton ave

Cause of Death { First, (Primary,) Asthenia
Second, (Immediate,)

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, June 14 1880

Undertaker, John Barker

Place of Business, Canton ave & Bethel *Address,*

V

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by J. L. Smith Sanitary Inspector

No. 40456

...Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Palmer

Sex, ~~Male~~ or ~~Female~~, { cross out the word not required in this line. } Female

Age, ——— *Years,* 9 *Months,* ——— *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } German

Duration of Residence in the City of Baltimore, 1 Week

Place of Death, { Give street and number } 40 Duncan Alley

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn

Date of Burial, June 29 1880

Undertaker, F. Shinnick

Place of Business, 58 Duncan Alley

James H Steuart M. D.
~~Medical Attendant.~~

Address, Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Joseph P. Smith
Sanitary Inspector

No. 40457

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11th June 1860

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Trott

Sex, Male or Female, {cross out the word not required in this line.} —

Age, — *Years,* 11 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~

Occupation, ~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and number} N. Wolfe St. 32.

Cause of Death, First, (Primary,) Tumor Cancerous

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 13th

William Howard *M. D.*
Medical Attendant.

Undertaker, Wentlin Dizzard

Place of Business, Bond St. 15

Address, N. Wolfe St. 32.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40458

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph James Rose

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 2 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Single~~

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt — Life

Duration of Residence in the City of Balti[more] Life

Place of Death, { Give street and number } No [redacted] Court

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Hemorrhage, Sudden,

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Ensents | Geo B Reynolds M. D.

Date of Burial, 14 June | Medical Attendant.

Undertaker, J. F. Brayne

Place of Business, 63 N. Front St | *Address,* 43 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880

CERTIFICATE OF DEATH.

Date of Death, June 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Maddux

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 72 *Years,* ..... *Months,* ..... *Days.*

Color, ~~ed~~

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laundress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} East 21st n 41

Cause of Death { First, (Primary,) Old age / Second, (Immediate,) Indigestion

Duration of last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, June 13 '80

Undertaker, Wm. H. Deuse

Place of Business, 10-12 East 21

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Eyeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40460

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 40460

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Hughes

~~*Sex, Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 57 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number } 35 S. Holly

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, June 14th 80

Undertaker, Wm. Frances

Place of Business, 230 Gay Balto

F. Huthes M. D.
Medical Attendant.

Address, 24 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40461

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40461

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 13 1 1860

Date of Death, June 12/60

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} (not named) Mother's name Leah Boulden

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... 3 *Months,* 3 wks *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Brown's woods

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Brown's woods

Cause of Death { First, (Primary,) Improper nourishment & heat resulting in Indigestion & Exhaustion
, Second, (Immediate,)

Duration of last Sickness, about 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Israel Cemetery

Date of Burial, June 14 1860

Undertaker, Wilbur Monroe

Place of Business, No 62 East Street

J. A. Warner M. D.
Medical Attendant.

Address, 257 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40469

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida E. Warrington

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, Black

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 2 Yrs 6 mos

Place of Death, {Give street and number} 44 Boyd St

Cause of Death, First, (Primary.) Whooping Cough

Second, (Immediate,)

Duration of last Sickness, Three (3) Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Lorn Cemetery

Date of Burial, June 13 1880

H. L. Thein M. D.
Medical Attendant.

Undertaker, Wilkinson

Place of Business, No 62 Eastern Ave

Address, 37 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40463

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40463

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 13 1 1890 BALTIMORE

Date of Death, June 11th 6. P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Hawkins

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 6 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 2 Vincent alley

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and number} No 6 Bruce St

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) ____

Duration of last Sickness, 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 13 1890

Undertaker, William Lange

Place of Business, No 62 East Str

H. L. Shepherd M. D.
Medical Attendant.

Address, 705 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 10464

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10464.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 14 1880 BALTIMORE

Date of Death, June 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Fay

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 2 Thompson St

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate,) Exhaustion

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 14th

Geo. B. Reynolds M. D.
Medical Attendant.

Undertaker, Jos P. Byrne

Place of Business, 63 N. Front st *Address,* 43 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[07 4.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 10465

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian L. F. Hartje.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~——~~ *Years,* 2 *Months,* 22 *Days.*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} 89 Thames St.

Cause of Death { First, (Primary,) ... Second, (Immediate,) Meningitis.

Duration of last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, 14 June 1880

{ *Undertaker,* John C. Schuh

{ *Place of Business,* 265 Aliceanna

Aug. F. Esch M. D.
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40466

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40466

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Dorn

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, *Years,* 17 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 401 Aliceanna St

Cause of Death First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, June 14th

Date of Burial, St Michael's Cemetery

Geo L Kinnamon M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Eastern Ave *Address,* East End

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 10467

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Emma Farrington

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.} Female

Age, 37 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Nausau, W. I.

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give street and number} S. E. Cor. Fort Ave & Covington St,

Cause of Death, First, (Primary,) Burns

Second, (Immediate,) Shock

Duration of last Sickness, Few hours

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, June 14th 1880

Undertaker, Dunstan & Linn

Place of Business, 263 Light St

R. B. Fishburne M. D.
Medical Attendant.

Address, S. E. Cor. Light & Cross Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40468

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Neil Wiggin

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 134 Pine St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 14th 1880

Undertaker, John Mucher

Place of Business, Pine & Camden Sts

J. W. C. Cuddy, M. D.
Medical Attendant.

Address, 38 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ase of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4114469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 14, 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura V. Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 9 *Months,* 2 3 *Days.*

Color, Col'd *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 46 Stayton alley

Cause of Death, First (Primary,) Cholera Infant.

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem

Date of Burial, June 14 1880

Jas. S. Fulk M. D.
Medical Attendant.

Undertaker, W. M. Deage

Place of Business, *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ers below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4 0 4 7 0

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Beran

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 18 — *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No 35 Barnet St

Cause of Death, First (Primary,) Croup

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Aghonsus Center J. H. Bolton M. D.

Date of Burial, June 15 1880 Medical Attendant.

Undertaker, Thos Heath

Place of Business, 309 Entrance Ave *Address* S.E. Cor. Gay & Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age und condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 40471

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 14-1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Stuart

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 125 E. Biddle st

Cause of Death { First, (Primary,) Pneumonia / Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Comb

Date of Burial, June 14 1880

Undertaker, Henry Hoen

Place of Business, 309 Canton Ave

M. B. Billingslea M. D.
Medical Attendant.

Address, Hartford Ave & Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 10472

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Bornemann

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* Eleven *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and number} 886 W. Pratt St

Cause of Death First, (Primary,) Teething

Second, (Immediate,) Diarrhoea

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 14 1880

Undertaker, John P Ramus

Place of Business, 66 Frederick Ave

J. H. Christian M. D.
Medical Attendant.

Address, 431 Penna. Ave.

JUN 14 1880 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 44473

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

JUN 14 1880

Date of Death, June 12 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George D. Klein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 739 Hanover St

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Back B Cemetery

Date of Burial, June 14 1880

Undertaker, Jeckie Koehler

Place of Business,

H Sonder Coates M.D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 40474

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Bryan

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 68 George st

Cause of Death {First, (Primary,) Scarlet Feber

{Second, (Immediate,) Inflammation of Kidney

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 14

Undertaker, C H Blizard

Place of Business, 201 W Baltimore

H. Winslow M. D.
Medical Attendant.

Address, 201 W. Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Wilmoth

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 10 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland Infirmary Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Nursery and Child's Hospital

Cause of Death First, (Primary,) Mal- Ac Hydrocephalus

Second, (Immediate,) Mal- Nutrition Life

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial,

Undertaker, S. H. Blizard

Place of Business, 197 Penna ave

C. F. Brun M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40476

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40476

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 14 1880 BALTIMORE

Date of Death, June 12th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William M. Boone

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* Eleven *Months,* ..... *Days.*

Color, White,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 212 E. Pratt st.

Cause of Death {First, (Primary,) Cholera Infantum,
Second, (Immediate,) Three weeks,

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 14

Undertaker, Fry & Leo

Place of Business 574 Broadway

Nicholas L. Dashiell M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...marks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th June 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} David H. Mc. Donald.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 89 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Carpenter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Centre Co – Pennsylvania

Duration of Residence in the City of Baltimore, Fifty three years

Place of Death, {Give street and number.} No. 68 S. Charles St.

Cause of Death, First (Primary,) Old age.

Second (Immediate,) Paralysis.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 15th June 1880

Undertaker, H W Jenkins for

Place of Business, 16 Light St

Address Charles A Gaiger M. D.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 10478

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nora P. Smith

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Years, 6 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No 365 N. Gayette Street

Cause of Death First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cy

Date of Burial, June 15th 1880

Undertaker, John Mackey

Place of Business, 2nd & Fayette

Chas. G. Geo M. D.
Medical Attendant.

Address, 906 N. Gayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40479

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathaniel Sheppard

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 3 *Days.*

Color, Col ?

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Queen Anns County Md

Duration of Residence in the City of Baltimore, one Month

Place of Death, {Give street and number} 40 Hillen St

Cause of Death {First, (Primary,) Cholera Infant

Second, (Immediate,) Two weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial June 14 1880

Undertaker, S Wehrle

Place of Business, 1619 Fawn St

S. T. Coyner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 140480

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 140480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 14 1880

CERTIFICATE OF DEATH.

Date of Death, June 13 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Stine

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 9 — *Months,* 24 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 215 Bolton St

Cause of Death {First, (Primary,) Pneumonia
Second, (Immediate,) Congestion of Brain
Duration of last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 15th 1880

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

Thos Shearer M. D.
A. S. Tinges M. D. Medical Attendant.

Address, 97 St. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...pecially invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1880 ½ past 5 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Lowell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, *Years,* 9 *Months,* 7 *Days.*

Color, Black *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 225 Dover St Baltimore Md.

Cause of Death, First (Primary,) Gastric Fever

Second (Immediate.)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 14 1880

Undertaker, Thos S Hughes

Place of Business, 66 E Baltimore St

D. C. Richardson M. D.
Medical Attendant.

Address Lombard & Fremont Sheets

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 40482

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Pani

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number} 192 Constitution St

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Convulsions

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Jan 14 1880

Undertaker, John C. Jonda

Place of Business, 1102 Park Ave

Silas H. Hamlin M. D.
Medical Attendant.

Address, 36 Eutaw Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40483

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40483

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Carroll Emanuel Meyer

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 20 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 704 Lexington St

Cause of Death { First, (Primary,) Scrofula. / Second, (Immediate,) Septicaemia

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 15th 1880

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St. *Address,* Mr. Fayette & Calhoun Sts

M. L. Hegeler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 14048 14

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14048 14

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12th June

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Elizabeth Davis

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, Black

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 103 Sarah Ann St

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, June 14th 1880

R. B. Morgan M. D.
Medical Attendant.

Undertaker, Peter Kummert

Place of Business, Mulberry St

Address, Balto. Gen. Dispy.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. XX

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Jane Hoddinott

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 31 *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 180 Harford Ave

Cause of Death, First, (Primary,) Cancer of Hip

Second, (Immediate,)

Duration of last Sickness, About 8 mos

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 15th

D. C. Williams M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business,

Address, 201 Hoad Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07M.]

No. 40486

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Kavila

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 62 President st

Cause of Death First, (Primary.) Pulmonar Emphysema

Second, (Immediate,)

Duration of last Sickness, about 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent Cem.

Date of Burial, June 14

Undertaker, Hendrickson Dysart

Place of Business, 1 Bond st. 151

D W Cathell M. D.
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...40487

...Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Sarkowski

Sex, ~~Male or Female,~~ {Cross out the words not required in this line.} Male

Age, 8 *Years,* — *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number.} 37 Thames St

Cause of Death, First (Primary,) Drowning

Second (Immediate,) Asphyxia.

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, June 14

Undertaker, H. Diffel

Place of Business, 1. Bond st 151

Chas. H. Moffit M. D.
Coroner E.D. Medical Attendant.

Address, 62 Eastaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 40488

...of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40488

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen A. Simmons

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years.* One (1) *Months,* 26 *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 10 Binney St

Cause of Death, First, (Primary.) Diarrhoea

Second, (Immediate.) Atrophia

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetary

Date of Burial, 15th June 1880

Undertaker, Wm Nicolaus

Place of Business, 258 Alice St. *Address,* 7 E. Pratt

C. D. Watkins M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

40489

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40489

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A. McPhail

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 59 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widow

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 110 N. Eutaw St

Cause of Death, First, (Primary,) Carbuncle.

Second, (Immediate,) Exhaustion

Duration of last Sickness, about three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, June 18 - 1880

J. R. Wahler M. D.
Medical Attendant.

Undertaker, Denny & Hatcher

Place of Business, 550 W. Fayette

Address, 234 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{CV 48}

No. 40490

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40490

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 14 1880

CERTIFICATE OF DEATH.

Date of Death, June 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter T. Young.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 70 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married, Single~~, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Labourer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 94 N. Eden St

Cause of Death, First, (Primary.) Deposit on the Valves

Second, (Immediate,) Disease of the Heart.

Duration of last Sickness, One Night

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 15th 1880

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St

J. J. Gaver M. D.
Medical Attendant.

Address, 137 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. J. GARLAND & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40491

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Shea.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 11 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, About 2 Years.

Place of Death, {Give street and number} 37 Fark St.

Cause of Death First, (Primary,) Hypertrophy of the Heart.

Second, (Immediate,) Consumption.

Duration of last Sickness, About 18 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetry.

Date of Burial, June 14th

Undertaker, B. Hark.

Place of Business, No 411 Light Street

J. M. White M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40492

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 14 1880

CERTIFICATE OF DEATH.

Date of Death, June 14th 1880 — 3 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johns Barbra Fletcher

Sex, Male or ~~Female~~, {cross out the word not required in this line.} —

Age, — *Years,* — *Months,* 8 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 44 S. High St

Cause of Death, First, (Primary.) Adynamic Condition Shorter

Second, (Immediate,) Marasmus

Duration of last Sickness, During Life

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 14th 1880

A Traps Shatter M. D.
Medical Attendant.

Undertaker, J. W. Meyer

Place of Business, Balto St

Address, 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

~~110493~~

...ion of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 110493

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Isaac Hendricks

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 22 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Sailor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Mich Canada

Duration of Residence in the City of Baltimore, 2 days

Place of Death, { Give street and number. } Baltimore Infirmary

Cause of Death, { First (Primary,) Fract Right Temporal Bone from Blow
Second (Immediate,) Contusion to right Eye.

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, N Bap Cemetery A Smith M. D.

Date of Burial, June 12 /80 Medical Attendant.

Undertaker, Fred A Kircher

Place of Business, 50 S Carrollton Ave Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 40494

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hayward

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Charleston S. C.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 182 Henrietta St

Cause of Death First, (Primary,) Heart disease

Second, (Immediate,) Dropsy

Duration of last Sickness, 4 months

All the above Information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, June 13/80

Undertaker, F. A. Kercher

Place of Business, 50 Hamilton Ave

L. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ber of each week.

No. 4044 95

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

4044 95

Board of Health, City of Baltimore,

Permit No. 4044 95

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 14 1880

CERTIFICATE OF DEATH.

Date of Death, June 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Bromwell

Sex, Male or Female, {cross out the word not required in this line.} Mal

Age, 0 *Years,* 2 *Months,* *Days.*

Color, Light Copper

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number} No 6 Little Pine st

Cause of Death { First, (Primary,) Unknown / Second, (Immediate,) Marasmus

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemetery

Date of Burial, June 12/80

Undertaker, P. R. Keelings

Place of Business, 50 Harrellton Ave

B. F. Bohn M. D.
Medical Attendant.

Address, Cor Dolph & Druid Hill av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40496

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Supposed 75 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} A. A. Co Md

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} 25 Hampstead St

Cause of Death, First, (Primary.) a slight fall —

Second, (Immediate.) Senile Decay

Duration of Last Sickness, 5 or 6 months

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemetery

Date of Burial, June 14th 1880

Undertaker, The. J. Locke

Place of Business, ———

James Allen M.D.,
Medical Attendant.

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Exam'd by J. P. Smith

No. 40497

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence Shorel

Sex, Male or Female, { cross out the word not required in this line. } female

Age, ____ *Years,* ____ 3 *Months,* ____ *Days.*

Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ____

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number } 69 Goodmans al'

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) Enfant

Duration of last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June

Undertaker, Lee & Perkins & Co

Place of Business, 122 Hanover

____ *M. D.*
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40498

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Wilson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 309 Mckeldery Alley

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cem

Date of Burial, June 15

Undertaker, Thos L Locke

Place of Business, 73 Jefferson St

Wm. L. Russell, M. D.
Medical Attendant.

Address, Broadway & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...l, Saturday of each week.

No. 40499

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1900, clock A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Lehman

Sex, Male ~~or Female,~~ {cross out the word not required in this line.} Male

Age, ~~_____~~ *Years,* Nine *Months,* 15 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~_____~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No. 232 Hollins Street

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} No 232 Hollins Street

Cause of Death { First, (Primary,) Diphtheritic Cynanche
Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, June 16th

Undertaker, Leon Deutel.

Place of Business, 796 W. Balto St.

Emil W. Lederer, M. D.
Medical Attendant.

Address, No. 2 E. Columbia Ave. Phone

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40500

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41500

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle S. Emmerson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 1 *Days.*

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 25 S. Caroline St. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 26 S. Caroline St. Balto.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, Unknown only saw child twice

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June the 14th

E B Billou M. D.
Medical Attendant.

Undertaker, Thos. J. Locks

Place of Business, 73 Jefferson St *Address,* 305 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(over)

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 40501

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad Haverly

Sex, Male ~~or Female,~~ {cross out the word not required in this line.} Months, 21 Days.

Age, ——— Years,

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Balto City

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 532 W. Pratt St

Cause of Death { First, (Primary.) Inal Inanition
Second, (Immediate.) Atrophy

Duration of last Sickness, all his life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 14th 1880

{ Undertaker, P. John Dill
Place of Business, 183 Columbia av

Address, Comm. of Health & Registr

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a C ting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by D. V. Fitzpa

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Permits for Burials to the Office whence issued, Saturday of each week.

No. 40502

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40502

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13 th 1880

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Burns

Sex, Male or Female, {cross out the word not required in this line.}

Age, Seventy Two *Years,* *Months,* *Days.*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Labor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Marys County Maryland

Duration of Residence in the City of Baltimore, About Forty years

Place of Death, {Give street and number} 48 Low St

Cause of Death First, (Primary,) Frequent colds

Second, (Immediate,) Asthma

Duration of last Sickness, About two month

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 15 1880

Milton J Taylor M. D.
Medical Attendant.

Undertaker, John G. Jordan

Place of Business, No 68 Parkst *Address,* Broadway & McElderry st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permits for Burials, to the Office where ... Saturday of each week.

No. 40503

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40503

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1880 7 A M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Dorn

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Pennsylvania

Duration of Residence in the City of Baltimore, One Month

Place of Death, {Give street and number} 17 N Chapel

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) ____

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, June 14th

James E Donnelly M. D.
Medical Attendant.

Undertaker, C M Frazier

Place of Business, 280 Canton Ave | *Address,* 299 E Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[07-4]

... J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...mits for Burials in City of Baltimore will make returns of all ...

No. 40504

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40504

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Lebutt

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No 44 Mercer St

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.)

Duration of last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 14th 80

Thos J. Scott, M. D.
Medical Attendant.

Undertaker, M. Francis

Place of Business, 280 Canton Ave

Address, 244 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 40505

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40505

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schultz

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 11 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Butte City Mont T

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 1 & Madison Ave

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) ____

Duration of last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, June 14 1880

Medical Attendant. M. D.

Undertaker, E. McGrann

Place of Business, 285 Lombard St

Address, 2 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

18 [illegible] Office where [illegible] Saturday of each week.

No. 40506

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40506

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Gussett

Sex, Male or Female, {cross out the word not required in this line.}

Age, Two *Years,* *Months,* *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Ell of life

Place of Death, {Give street and number} 1 Reese Court

Cause of Death { First, (Primary.) Hydrocephalus
Second, (Immediate.) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, June 14th

Undertaker, Jacob David

Place of Business, 16 & 18 Lee St

W. S. Booze M. D.
Medical Attendant.

Address, 206 Shroeder St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 40507

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gilchrist

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 7 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 2 Aisquith St

Cause of Death, First, (Primary.) Said to have had diptheria, I saw it, but organic not before death

Second, (Immediate.) Heart Disease, Mitral Insufficiency, Dropsy, Exhaustion,

Duration of last Sickness, 3 weeks, as I was informed, I saw it but

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, June 15 1880

Undertaker, James P Byrne

Place of Business, No 63 N Front St

Geo Lynch M. D.
Medical Attendant.

Address, 42 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit for Burial to [illegible]

No. 40508

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40508

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Julian

~~*Sex,*~~ *Male or* ~~*Female,*~~ {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Machinist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Missouri

Duration of Residence in the City of Baltimore, From Infancy

Place of Death, {Give street and number} 23 E Fort

Cause of Death First, (Primary,) Tuberculous Lungs

Second, (Immediate,) Diarrhoea Chronic

Duration of last Sickness, From Infancy

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 16 1880

Undertaker, Jas A Byrne

Place of Business, 623 Fleet

Chas O'Donovan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permits for Burials to the [illegible]

No. 40509

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Schull

Sex, Male or Female, {cross out the word not required in this line.}

Age, *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cor Lloyd & Lombard

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Lloyd & Lombard

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) Cerebral Congestion

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Today 4 O'clock P June 15

Undertaker, J. Muller

Place of Business, No 21 Harrison St

M. B. Billingslea M. D.
Medical Attendant.

Address, Harford Ave & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40510

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 411570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Agnes Minkler

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 16 *Years,* 8 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Bonny Bone, Md

Date of Burial, June 16th 1880

Undertaker, Geo Sallsman

Place of Business, 121 Penna Ave

Martin Brown M. D.
Medical Attendant.

Address, 54 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

10

...ubence issued, Saturday of each week.

No. 40511

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40511

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Gould

Sex, Male or Female, {cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Real Estate Broker formerly

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 18 N Liberty St

Cause of Death First, (Primary,) Natural causes probably

Second, (Immediate,) Cardiac Apoplexy

Duration of last Sickness, 5 minutes

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, 16th June 1880

Undertaker, N.H. Jenkins & Son

Place of Business, 16 Light St

Edwd Rowles M. D.
Medical Attendant.

Address, Corner Pratt and

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...of each week No. 40512

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40512

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 15 1880

Date of Death, 14th June 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Beard

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 60 Lee st

Cause of Death First, (Primary.) Nephritis

Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 16th June 1880

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St.

H. W. Webster M. D.
Medical Attendant.

Address, 57 Barnes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40513

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40513.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6-14-80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. L. McCarty

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Store Bridge

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 51 N Fremont

Cause of Death { First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem.

Date of Burial, June 16' 1880

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St *Address,*

J. M. Buchanan *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40514

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Dellaway

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Seventy eight *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Seventy years

Place of Death, {Give street and number} # 55 N Gilmore St

Cause of Death {First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, 6 or 8 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, June 16 1880

Undertaker, Jno B. Cook

Place of Business, No 207 N Baltimore Street

/ / M. D.
Medical Attendant.

Address, # 584 N Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40515

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40515

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14th June 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie H Whelen

Sex, ~~Male or Female~~, { cross out the word not required in this line. }

Age, 43 *Years,* 6 *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Harpers Ferry Va

Duration of Residence in the City of Baltimore, 21 years.

Place of Death, { Give street and number } 135 Hamilton St

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Heart Disease

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, June 16 1880

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St

Augustus W Dodge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40516

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Bowley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 18 Edward St

Cause of Death, First, (Primary.) Teething

Second, (Immediate.) Chol Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 15th 1880

Undertaker, Wm M. Bunger

Place of Business, East St

Edmund A Stewart M.D.,

Address, Comm of Health

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by D. V. Fitzpatrick

No. 40517

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 15 1880

Date of Death, June 14.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moritz Hergenrader

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 1 0 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 75 N. Washington St.

Cause of Death { First, (Primary,) Mal-Nutrition
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery

Date of Burial, June 15

Undertaker, John Heaney

Place of Business, 382 Orleans St

J. Hollenberg M. D.
Medical Attendant.

Address, 357 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 4031

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hahn

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 181 Bethel St

Cause of Death {First, (Primary,) Cholera Infantum

{Second, (Immediate,)

Duration of last Sickness, 25 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, June 15

Undertaker, John Henry

Place of Business, 382 Orleans St

No Attending Physician

L. A. Bell M. D.

Medical Attendant

Coroner

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40579

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Stokely.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Forty four Years, 0 *Months,* 0 *Days.*

Color, Light Copper

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Elk Ridge Landing

Duration of Residence in the City of Baltimore, Twenty five Ylars

Place of Death, {Give street and number} No 94 Harmony Lane

Cause of Death { First, (Primary,) Unknown
, Second, (Immediate,) Cancer of the Uterus

Duration of last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Lorly Cemetery

Date of Burial, June 15th 1880

Undertaker, Peter Kenned*

Place of Business, 317 Aisquith

B F. Bohner M. D.
Medical Attendant.

Address, Cor Dolphin & Druid Hill av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40320

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40520

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1888 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14 1888

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos Edward Lyon

Sex, Male or Female, { cross out the word not required in this line. } male

Age, ... *Years,* 1 *Months,* 2 *Days.* 4

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bost City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } 419 N. Fremont St.

Cause of Death { First, (Primary,) Cholera Infantum

Second, (Immediate,) asthenia

Duration of last Sickness, 36 hours

All the above Information should be furnished by the Physician.

Place of Burial, Bonn Brae

Date of Burial, June 15/88

Undertaker, Wm. C. Ahrens

Place of Business, 336 Pennsa Ave

Martin Brown M. D.
Medical Attendant.

Address, 6 E. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41152 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JUN 15 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 14 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas E. Barker,

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Male

Age, ... *Years,* 5 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 461 E. Fayette St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Meningitis

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, June 15th 5. p.m.

Undertaker, H W Mears

Place of Business, 45 N. Gay St

G. G. Luck M.D.,

Medical Attendant.

Address, Balt. N. Gay St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 4702

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41522

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Steward

Sex, ~~Male or Female,~~ {cross out the word not required in this line.} Male

Age, ... *Years,* 6 *Months,* 14 *Days.*

Color, Black

~~Married~~, *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 22 Wells Lane

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) .....

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 15 1880

Undertaker, Abraham Thuman

Place of Business, 134 Bartoya St

Wm L. Russell M. D.
Medical Attendant.

Address, Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 405

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41523.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ... *Years,* ..... *Months,* about 11 *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Lunenburg

Duration of Residence in the City of Baltimore, Institution 5 days

Place of Death, { Give street and number } St. Vincents Infant Asylum

Cause of Death { First, (Primary,) Syphilis. Second, (Immediate,) Marasmus

Duration of last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 15 1880

Undertaker, Wm. Brannigan

Place of Business, 152 Division St.

Martin Brown *M. D.*
Medical Attendant.

Address, 6 & W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 403

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Delia A Sedgwick

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Balto

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 85 Boyle Alley

Cause of Death { First, (Primary,) ..... Diarrhoea
, Second, (Immediate,) ..... Exhaustion

Duration of last Sickness, 2 Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 16th

Undertaker, Hercules Ross.

Place of Business, 95 Conway St.

J H Cheney ..... M. D.
Medical Attendant.

Address, 46 Stiles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41152 5

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 15 1880 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 14 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Finley A. Washington

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3. *Years,* 6 *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 44 Boyd st

Cause of Death, First, (Primary.) Whooping Cough

Second, (Immediate.) Convulsions

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem Nery

Date of Burial, June 15 1880

Undertaker, Wilbur N Burgee

Place of Business, No 62 East Pratt

Thos Gordon Cook M.D.,
Medical Attendant.

Address, 246 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 40526

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Henry Jones

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 356 Orleans St

Cause of Death, First, (Primary.) ____

Second, (Immediate,) Consumption

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 15, 1880

Undertaker, M. A. Daiger

Place of Business, 94 S. Broadway

J. J. Gaw Jr. M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40527

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 14 June

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cooney

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, — Years, — 9 Months, 11 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Infant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number} 6 Bruce St

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Tuberculous Meningitis

Duration of last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, June 15. 1880

A. Gregg Sherby M. D.
Medical Attendant.

Undertaker, M. A. Dargin

Place of Business, 74 S. Broadway

Address, 11 S. 14½ St St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 4032

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40528,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Smart

Sex, Male or Female, { cross out the word not required in this line. }

Age, 69 *Years,* 11 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Horse Dealer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt Co Md

Duration of Residence in the City of Baltimore, 29 Years.

Place of Death, { Give street and number } 176 Mc Henry St

Cause of Death { First, (Primary,) Dyspepsia & Bilious Vomiting / Second, (Immediate,) Asthma

Duration of last Sickness, About two weeks

All the above information should be furnished by the Physician.

Had no attending Physician

Place of Burial Loudon Park Cemetery

Date of Burial, June 15th 1880

Undertaker, Jos. B Cook

Place of Business, No 707 W Baltimore Street

Address, 161 Sc, Stewart

Coroner

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40529

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Elizabeth Merson.

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 27 *Years,* 6 *Months,* 17 *Days.*

Color, White.

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, all her life.

Place of Death, {Give street and number} 116 Carlton St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis,

Second, (Immediate,) Exhaustion,

Duration of last Sickness, Few Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Forest Cut Howard County Md.

Date of Burial, June 16th 1880.

A. B. Natta. M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 N. Balto St. *Address,* 106 Columbia ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1803 Transit

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40530

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Elizabeth Johns

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* * *Months,* 7 *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, One year Seven days

Place of Death, {Give street and number} Castle St (4 2 11 Monts)

Cause of Death First, (Primary,) Pneumonia & Bilious Intermeten

Second, (Immediate,) Fever

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 14th 1880

Undertaker, W. H. Dunger

Place of Business, East St

R. M. Norris M. D.
Medical Attendant.

Address, Orangeville Balto Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40531

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40531

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 13 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 11th 1890.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Tuohee

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 56 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} No. 413 Eastern Ave.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Pneumonia

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Dale Cemetery

Date of Burial, June 14th 1890

Undertaker, H. H. Gilmore

Place of Business, 241 Eastern Ave.

J. Cull M. D.
Medical Attendant.

Address, 2 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

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No. 4[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH JUN 15 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parents Ino & Mary Gohsee

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* 2 *Months,* 6 *Days.* 17

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 52 Eastlee

Cause of Death { First, (Primary,) Second, (Immediate,) } Natural Causes

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 16th 1880

Undertaker, Wm Hinchen

Place of Business, No 160 Camden St

Jno D Blake M. D.
Medical Attendant.

Address, 68 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Montgomery Powers

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Parkersburg Va

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number} 11 Saratoga St.

Cause of Death {First, (Primary,) Entero-Colitis / Second, (Immediate,) Asthenia

Duration of last Sickness, Five days.

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt. Cy.

Date of Burial, June 15 '88

Undertaker, Swartz & Powers

Place of Business, 35 Pan Ave

F. A. Ashby M. D.
Medical Attendant.

Address, 52 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40534

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucie E. Faust

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ——— *Years,* 10 *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 2 Federal St

Cause of Death { First, (Primary.) ——— Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 21 days

All the above Information should be furnished by the Physician.

Place of Burial, York Pa

Date of Burial, June 16th

S. H. Hunter M. D.
Medical Attendant.

Undertaker, H. C. Himpfel

Place of Business, 90 Greenmt Av *Address,* 36 Greenmt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Trans 1804

No. 40[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41565

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amy Albin[illegible]

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, [illegible] *Years,* 2 *Months,* 7 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } U. S. of A.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 148 Holland

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Marasmus

Duration of last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Ch M E Cem Balto

Date of Burial, June 16th 1880

J. Ridgway Rich M. D.
Medical Attendant.

Undertaker, H. Hoen

Place of Business, N Central Av *Address,* 121 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wing

Sex, Male or Female, {Cross out the words not required in this line.} F[illegible] Male

Age, [illegible] *Years,* 6 *Months,* 15 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, 6 & 15

Place of Death, {Give street and number.} 5 Spring Garden [illegible]

Cause of Death, First (Primary,) [illegible]

Second (Immediate,) Cholera Infantum

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 16 1880

Undertaker, S W Chase

Place of Business, No 198 D Howard St

R. E. Lee M.D.
Medical Attendant.

Address, Hanan & Barnes

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 4037

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Dohme. Sr.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 73 — *Years,* 2 — *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Stone mason

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany — 28 years —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 27. Hollins. Str.

Cause of Death { First, (Primary,) Senile Rheumatism

Second, (Immediate,) old age —

Duration of last Sickness, four months —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'tery

Date of Burial, June 17th 1880

G A Dohme *M. D.*
Medical Attendant.

Undertaker, John W. Weaver & Co

Place of Business, #22 W. Fayette St *Address,* 86. E. Fayette Str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40538

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 40538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Backus

Sex, Male or Female, {cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Pressburn (Caroline)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Cor. John and Valley Sts

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 17th 1880

Undertaker, Henry Sheltheis

Place of Business,

Jno. Brooke Boyle M. D.
Medical Attendant.

Address, 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. ORLADY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40539

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40,539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sullivan

Sex, Male or Female, {cross out the word not required in this line.}

Age, _____ *Years,* Five *Months,* _____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} Patterson Park Hospital

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Inflamed Bronchitis

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, June 16th

E. Jones Williams M. D.
Medical Attendant.

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av *Address,* 17 Eastern Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Becraft

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} S. W. cor. Bank & Eden Sts.

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Gangrenous Angina

Duration of last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Health Council

Date of Burial, June 16th

Undertaker, W. Fuchs

Place of Business, 33 Bank St.

Aug. F. Esich M. D.
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40341

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 16 1880

Date of Death, June 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Smith

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 48 S Gilmor st

Cause of Death { First, (Primary,) Convulsions
Second, (Immediate,) .....

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial June 16th 1880

Undertaker, Wm A Cook

Place of Business, No 707 W Baltimore Street

James V Barley M. D.
Medical Attendant.

Address, 319 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 4005

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Kaufmann

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 71 *Years,* ..... *Months,* ..... *Days.*

Color, white

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 40 years

Place of Death, {Give street and number} 92 St. Paul St

Cause of Death, First, (Primary,) heart disease

Second, (Immediate,) dropsy

Duration of last Sickness, about 7 mths

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 17th 1880

H. Albers M. D.
Medical Attendant.

Undertaker, F. Gein Sack

Place of Business, 384 W. Balto St *Address,* 95 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 140

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 110543

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 16 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th 80.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Wilson

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 6 *Days.*

Color, B.

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 3 Montal

Cause of Death { First, (Primary,) Artificial Alimentation
, { Second, (Immediate,) Inanition

Duration of last Sickness, 1 mth

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, 16th June

Undertaker, Jacot & Sons

Place of Business, 103 Lee St.

R. M. Dale M. D.
Medical Attendant.

Address, 315 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 40544 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carolina Pfifferling

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Fifty 50 *Years,* Nos (2) *Months,* Nos (2) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Housewife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany 23 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 815 E. Eutaw Street

Cause of Death, First, (Primary.) Cerebral Embolism

Second, (Immediate.) Paralysis right Hemiplegia with Aphasia

Duration of Last Sickness, Two (2) weeks

All the above information should be furnished by the Physician.

Place of Burial, Eden Cemetery

Date of Burial, June 16th 1880

J. W. Silver M.D.,
Medical Attendant.

Undertaker, Thos. L. Hayes

Place of Business, 611 E. Baltimore Address, Eager & Carlton Sts

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas S. Hilyard

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* One *Months,* ..... *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 116 Orleans St

Cause of Death {First, (Primary,) Jaundice

{Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 16th 1880

Undertaker, Chas J Locke

Place of Business, 23 Jefferson St

Wm L Russell M. D.
Medical Attendant.

Address, Broadway & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 11 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16th June 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Atchison

Sex, Male or Female, {cross out the word not required in this line.}

Age, Eighty five (85.) *Years,* ..... *Months,* ..... *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Housekeeper.

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, about 37 years.

Place of Death, {Give street and number} 97. W. Chase St. Baltimore.

Cause of Death, First, (Primary,) Cancer.

Second, (Immediate,) Rupture of Carcinomatous Abscess in Peritoneal Cavity

Duration of last Sickness, about 3 years.

All the above information should be furnished by the Physician.

Place of Burial, ~~Green Mount~~ "Balto. Cemetery"

Date of Burial, 17th June 1880. [illegible] M. D.

Medical Attendant.

Undertaker, H. W. Jenkins Son

Place of Business, 16 Light St. *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 4057

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 40547

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rhoda M. McNeal

Sex, ~~Male~~ *or Female,* { cross out the word not required in this line. } —

Age, ——— *Years,* 4 *Months,* 11 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow*~~ *Widower,* { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 32 Light St

Cause of Death, { First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 17th June 1880

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St.

[illegible] M. D.
Medical Attendant.

Address, 21 W. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Salomon
Eugene A. Howard

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 6 *Years,* 3 *Months,* 7 *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} East 67

Cause of Death First, (Primary,) Measles & pneumonia
Second, (Immediate,) Congestion of lungs Convulsions

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cem

Date of Burial, June 17 - 1880

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, Wm. F. Madden

Place of Business, 280 Chas st

Address, 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 410

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40569

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Stanton

~~*Sex,*~~ *Male or* ~~*Female,*~~ {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 15 *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 201 Howard St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Consumption

Duration of last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, June 16 1880

R. M. Hall ..... M. D.
Medical Attendant.

Undertaker, S. McShane

Place of Business, No 198 Howard St. *Address,* 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 40530 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 16/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora E. O'Neil

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 357 E. Aw.

Cause of Death, First, (Primary.) Scarlet fever

Second, (Immediate.) Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, June 17th

Undertaker, Henry Sander

Place of Business, 250 & 252 Canton

R. W. Mansfield M.D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41155

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 16 1880

Date of Death, June 15th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } S. G. Crump

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 24 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Salesman

Birthplace, { State or country (and how long in the United States, if of foreign birth. } New Kent Co. Va

Duration of Residence in the City of Baltimore, 14 years

Place of Death, { Give street and number. } 164 W. Fayette St

Cause of Death, First (Primary,) Pulmonary & Laryngeal Phthisis: cavity in right lung & softening in left: ulceration of epiglottis & vocal cords

Second (Immediate,) Asthenia

Duration of Last Sickness, First seen by me April 4th when condition was as above

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cy

Date of Burial, June 16/80

S. G. Chew M. D.
Medical Attendant.

Undertaker, Edward Mercer *Address* 141 Lanvale

Place of Business, 35 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 40

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40552

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Lang

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* 11 *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} N. 15 Perry St. Baltimore Md

Duration of Residence in the City of Baltimore, lifetime.

Place of Death, {Give street and number} No. 3 Columbia Ave

Cause of Death, First, (Primary.) Intussusception of 2-3" Ileum into ileo caecum and colon ascendens

Second, (Immediate.) Obstruction of the intestines.

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 17th 1886

Henry Salzer M. D.
Medical Attendant.

Undertaker, Wm Lloyd

Place of Business, Pratt & Charles Sts *Address,* 165 W. Lanvale St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 1405

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40533.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L. R. Lenn

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 5 *Months,* 18 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number} 742 N. Balto. st.

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.) 2 hours.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial, Germindutter Cemetery June 16th 1880.

Undertaker, Adam Weidemeyer

Place of Business, 518½ N. Baltimore St.

Edward P. McGrath M. D.
Medical Attendant.

Address, 153 N. Exeter st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 4055

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 40554

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1890.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos D. Jungle

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 2 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 146 Spanting St

Cause of Death, First, (Primary,) Spasms

Second, (Immediate,) ____

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmell

Date of Burial, ____

Undertaker, Ezra Schenbuz

Place of Business, 214 East Fenant

J. Kroll M. D.
Medical Attendant.

Address, 214 East Fenant

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 4055

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 40555

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 16 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~June 16th~~, June 16th, 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Accordia Bottnea

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 9 *Months,* ____ *Days.*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, One month

Place of Death, {Give street and number} 321 Alice Anna St

Cause of Death, First, (Primary.) Chronic Diarrhoea

Second, (Immediate.) ____

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 17th

Undertaker, M. Funke

Place of Business, 38 Bank St

John H. Rehberger M. D.
Medical Attendant.

Address, 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. G. SHEARER & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 40536

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lallar + Geo Jimson Parents

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1/12 *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 146 N. Chapel St

Cause of Death, First, (Primary.) Premature Birth (7 mo

Second, (Immediate.) Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cemetery

Date of Burial, June 16 1880

Undertaker, Geo T. Jones

Place of Business, Dallas St

James H Lemmon M.D.,

~~Residence.~~

Address, Comm of Health + Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by J. P. Smith

(OVER.)

No. 40557

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEATH REGISTERED JUN 1891 BALTIMORE

Date of Death, June 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget agnes Geneny

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 10 yrs

Place of Death, {Give street and number} Cathedral Stone Bow Bridge

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Pulmonary Hemorrhage

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, June 17th 1880

H. A. Powers M. D.
Medical Attendant.

Undertaker, Chas T. Scriven

Place of Business, 2718 Eutaw *Address,* 257 Mundon

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 41558 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JUN 19 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 15/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Livingston

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 38 yrs

Place of Death, {Give street and number.} 116 Bank

Cause of Death, First, (Primary.) Cirrhosis of liver

Second, (Immediate.)

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, Batto Cemetery

Date of Burial, June 18th 1880

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway

R. W. Mansfield **M.D.,**
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 40559

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 19 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 16/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonora Ely

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* ... *Months,* ... *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 18 yrs -

Place of Death, {Give street and number.} 326 E. Pratt St.

Cause of Death, First, (Primary.) Bright's disease

Second, (Immediate.) Uraemic convulsions

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, June 18th 1880

C. W. Mansfield M.D.,
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway, *Address,* 117 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40660

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Paulina Van d'Ewater

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 6 *Months,* *Days.*

Color, Black *Sex,* Female

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cuba W. I

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and number.} 276 E Lombard St

Cause of Death, First (Primary,) Tabes Mesenterica

Second (Immediate,)

Duration of Last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 16. 1880

Undertaker, M. A. Daiger

Place of Business, 94 S. Broadway *Address* 143 N Charles St

W W Keen **M. D.**

Medical Attendant.

HEALTH DEPARTMENT JUN 17 1880 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40561

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1880,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Regnes,

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, white,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth,

Place of Death, {Give street and number} 178 S. Regester St.

Cause of Death First, (Primary,) Lockjaw

Second, (Immediate,) Marasmus

Duration of last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cemitary

Date of Burial, 17th June

Undertaker, Fil Gaeda

Place of Business, 29 S Caroline St.

Aug. F. Egick M. D.
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40562

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40564

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Lauders

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.} F

Age, 82 *Years,* 7 *Months,* — *Days.*

Color, W

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation, — — —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 115 Harlem ave —

Cause of Death, First, (Primary,) Enteritis —

Second, (Immediate,) Asthenia

Duration of last Sickness, about 5 ds

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park cemetery

Date of Burial, June 17th 1880

C. C. McDowell *M. D.*
Medical Attendant.

Undertaker, Wm. H. Lowe

Place of Business, No. 704 N. Baltimore Street

Address, 642 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DURANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40563

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 41563

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 17 1880 BALTIMORE

Date of Death, June 16 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Gardner

Sex, ~~Male~~ or *Female,* { cross out the word not required in this line. }

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 138 Argyle Av.

Cause of Death, First, (Primary,) Acute Gastritis

Second, (Immediate,) Miscarriage

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 18th 1880

Undertaker, H. W. Perkinson

Place of Business, 16 Light St

J. W. Walker M. D.
Medical Attendant.

Address, 171 W. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4405 64

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dorothea [illegible], Taylor

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, About 40 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, About three years

Place of Death, {Give street and number.} 169 Bolton Street

Cause of Death, First (Primary,) Pneumonia following Labor

Second (Immediate,) Embolism of the Heart

Duration of Last Sickness, About 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Norfolk Va

Date of Burial, June 18th 1880

Undertaker, R. Rennert Son

Place of Business, 97 S Howard St *Address* 146 Park Av.

D. P. Oldshorough M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Trans 1805

[OVER.

Board of Health, City of Baltimore,

Permit No. 40564

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUN 17 1880 BALTIMORE MD.

Date of Death, June 16. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter A. Miller

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 8 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 150. Eross St

Cause of Death, First, (Primary.) Whooping Cough

Second, (Immediate.) Congestion of the Brain

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Alfhonsin Cemetery

Date of Burial, June 17. 1880

Undertaker, Adam Fink

Place of Business, 461 N Gayle

Henrow Bartke M.D.,
Medical Attendant.

Address, 146 Edmondson Av

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Schedule Below, and to the Instructions on the Reverse of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40566

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Schrader

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, Twenty Five *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number} 217 N. Gay St

Cause of Death First, (Primary,) Cerebral Congestion

Second, (Immediate,)

Duration of last Sickness, Thirty Six Hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 18th

Undertaker, Geo Schilling

Place of Business,

A. P. Keating M. D.
Medical Attendant.

Address, 137 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40567

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40567

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Caragan

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Glasgow - Scotland

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number} # 5 - Webb St.

Cause of Death First, (Primary.) Scarlatina Gloria

Second, (Immediate,) Oedema of ~~Lungs~~ Glottis

Duration of last Sickness, 30 minutes

Supposed to be. Had not seen the child since ceased visiting it 3 weeks ago, until called last evening when I found the child dead. It died in 30 minutes from the time it was taken with short breathing

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 16th

Undertaker, Geo Schilling

Place of Business,

Geo A. Hartman M. D.
Medical Attendant.

Address, # 305 N Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40568

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Nash

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Co. Clare Ireland

Duration of Residence in the City of Baltimore, 32 yrs.

Place of Death, {Give street and number} 119 S. Ann st

Cause of Death { First, (Primary,) Consumption of the Lungs.
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, June 17, 1880

John F. Monroe M. D.
" Medical Attendant.

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway *Address,* S.W. Cor Caton & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40569

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Canal Deaves

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* 17 *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 108 Hill St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 108 Hill St

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 18th June 1880

Undertaker Julius Kaehler

Place of Business, Kaehler & Corse

Geo. H. Denson M. D.
Medical Attendant.

Address, 144 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40570

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 40570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Justina Thuebner

Sex, Male or Female, {cross out the word not required in this line.} Female.

Age, 1. *Years,* 4. *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 502 Lexington St

Cause of Death, First, (Primary,) Supposed dentation

Second, (Immediate,) Convulsion –

Duration of last Sickness, Suddenly –

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 17th

Undertaker, Peter Kemmert

Place of Business, Mulberry St

I Certify that the above is correct: not having seen the infant but give the Certificate under the circumstances

M. D.
Medical Attendant.

Address, A. H. Carter MD

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Bernice Francis Stultz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 0 *Years,* 3 *Months,* 15 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 1 Clifton Place Baltimore

Duration of Residence in the City of Baltimore, 1 Month

Place of Death, {Give street and number.} ~~XXX~~ Chapel Place

Cause of Death, First (Primary,) Chronic Bronchitis

Second (Immediate,)

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Carroll Co Miriam Grentus M. D.

Medical Attendant.

Date of Burial, June 19

Undertaker, C H Blizzard *Address* 641 Penna Ave

Place of Business, 207 Penna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

1806 Harrett

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Huhn

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 45 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Glutæal abscess
Second, (Immediate,) asthenia

Duration of last Sickness, 2½ months

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia

Date of Burial, June 17th 1880

Undertaker, Joseph F Byrne

Place of Business, 39 n Libbie

H. B. Dadyn M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1807

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Erna May

Sex, ~~*Male or Female,*~~ {cross out the word not required in this line.}

Age, ——— *Years,* Five *Months,* 23 *Days.*

Color, White

~~*Married*~~, *Single*, *Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} # 199 Fred'k ave

Cause of Death { First, (Primary,) "Cholera Infantum"
Second, (Immediate,) Convulsions

Duration of last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 17th 1880

Undertaker, John P. Paulus

Place of Business, 66 Frederick Av.

D. G. Kuhn M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Cannich

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 26 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number} 24 Vent St

Cause of Death { First, (Primary,) — / Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 17th 1880

Undertaker, Geo H. Parkinson Co

Place of Business, 130 Henrietta St

J. A. Gillis M. D.
Medical Attendant.

Address, 150 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~August 11th 1887~~ June 16 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Benjamin Collins

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Male

Age, *Years,* 3 *Months,* 10 *Days.*

Color, ~~Colored~~ White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} ~~33 E~~ Balto Co

Duration of Residence in the City of Baltimore, 3 mos 16 days

Place of Death, {Give street and number.} 192 N. Carrollton Av

Cause of Death, {First (Primary,) Marasmus / Second (Immediate,) Exhaustion}

Duration of Last Sickness, 8 Wks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemet

Date of Burial, June 18 1890

Undertaker, H. Schultheis

Place of Business, E. Monument St

Ely Wells M. D.
Medical Attendant.

Address 2 [illegible] Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 18576

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16th June 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew J. C. Sizemore - Infant

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* Six (6) *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore -

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give street and number} Cor. Maryland av. & Mt Billet -

Cause of Death, First, (Primary,) Cholera Infantum -

Second, (Immediate,) Cerebral congestion -

Duration of last Sickness, about 12 Days -

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cem.

Date of Burial, June 17th 80

Undertaker, Newell & Mercer

Place of Business, 35 Park Av. *Address,* 41 Franklin St.

Wm C Wm Bilbee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } James O'Brien

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, ...

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 140 Saratoga St

Cause of Death, First (Primary,) Scarlet Fever (Malignant)

Second (Immediate,) Convulsions

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carl. Cy

Date of Burial, June 17/80

C. F. Brian M. D.
Medical Attendant.

Undertaker, Edward F. McCurley *Address* 241 Lindsay Ave

Place of Business, 30 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Florence Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Three *Months,* Seven *Days.*

Color, Brown Skin Black,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 16 Pen Alley Balto Md

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and number.} 160 Sarah Ann St

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Leonard Cemetery

Date of Burial, June 17 1880

Undertaker, William Mongue

Place of Business, No 62 East Mul

W H Warner M. D.
Medical Attendant.

Address 60 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Siegrist

Sex, Male or Female, {cross out the word not required in this line.}

Age, 29 *Years,* 8 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number} 270 s Ann str.

Cause of Death First, (Primary,) Cholera morbus

Second, (Immediate,) Hemmorrages of the bowels

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, 5th St Paul Cem'y

Date of Burial, June 17th

Undertaker, H. Froelich

Place of Business, 216 Easter Av

I. I. Litzer M. D.
Medical Attendant.

Address, 160 Saratoga str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40580

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. BALTIMORE JUN 17 1880

Date of Death, June 16. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Winkler

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 133 w Lombard

Cause of Death {First, (Primary,) / Second, (Immediate,)} Marasmus

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 17th 1880

Undertaker, Chas. T. Sennin

Place of Business, 2718 N Eutaw

John J. Litzer M. D.
Medical Attendant.

Address, 160 Saratoga st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 40581

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 17 1880 BALTIMORE

Date of Death, June 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Morris Nelson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, Ten Months, Twenty-One Days.

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 170 E Baltimore St

Cause of Death First, (Primary,) Tubercular Meningitis

Second, (Immediate,) " "

Duration of last Sickness, Sixteen days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 19 1880

Undertaker, Joseph B Cook

Place of Business, 707 W Balt st

Elias C Price M. D.
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Trans — 1808.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40582 .

The Physician who attended any person in a last illiness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16 day of June 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Sills

Sex, Male or Female, {cross out the word not required in this line.}

Age, Years, 5 Months, 5 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 104 North Arlington Avenue

Cause of Death First, (Primary,) Gastro Intestinal Irritation

Second, (Immediate,) Congestion

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial June 17th 1880

D. C. Hoffman M. D.
Medical Attendant.

Undertaker, Wm. B. Cook

Place of Business, No 201 W Baltimore Street *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40583.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Died June 15 80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm H Tilman

Sex, Male or Female, { cross out the word not required in this line. }

Age, — *Years,* Two *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No 2 Light Alley

Cause of Death { First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 18 1880

Undertaker, Walter L Emmert

Place of Business, 252 W. Baltimore

M. D.
Medical Attendant.

Address, Cor Pratt & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40584

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40584

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward E Reese

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 9 *Years,* 2 *Months,* 0 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Iron worker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No. 179 E. Washington St.

Cause of Death, First, (Primary,) Bilious

Second, (Immediate,) Typhoid Fever

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery Old Road

Date of Burial, June 20th 1880

Undertaker, Denny & Mitchell

Place of Business, 65 Broadway

M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

..., J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40585

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40585

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Walker

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Thirty-four *Years,* ____ *Months,* ____ *Days.*

Color, Dark

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 75 Gaspee St

Cause of Death, First, (Primary.) ____

Second, (Immediate.) Cerebral Apoplexy

Duration of last Sickness, About four hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 18 1880

D L Kreider M. D.
Medical Attendant.

Undertaker, B W Chase

Place of Business, No 198 S Howard St *Address,* 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 40386

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Neal Carroll

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Josephine St 18

Cause of Death, First, (Primary,) Diarrhoea

Second, (Immediate,) Weakness

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, June 17th 1880

Undertaker, Wm Bishop Jr.

Place of Business, 40 Druid Hill Ave

Dr. E. Reinhardt M. D.
Medical Attendant.

Address, 224 West Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40587

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40587

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Brown

Sex, ~~Male~~ *or Female,* { cross out the word not required in this line. }

Age, Twenty *Years,* one *Months,* ——— *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or*~~ ~~*Widower*~~, { Cross out the word not required in this line. }

Occupation, Servant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number } 139 Eutaw St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Lone Cemetery

Date of Burial, June 17th 1880

Undertaker, Mrs. Mitchell

Place of Business, 97 Druid Hill Ave.

T. P. McCormick M. D.
Medical Attendant.

Address, ———

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 24081

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40588

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17 = 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Krumholz

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 10 *Months,* ____ *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 96 Mulberry St.

Cause of Death, First, (Primary,) Bronchitis, Haemorrhage into Brain

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, 19 of June 1880

Undertaker, Dow & Bartlett

Place of Business, 62 ½ W. Balt. St. *Address,* 245 E. Lombard

J. Mathews M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40589

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEP. JUN 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Edward Eade

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 2 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Salt Lake City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No 378 Allegheny St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, June 18th 80

D. Gelly *M. D.*
Medical Attendant.

Undertaker, Wm. Frazer

Place of Business, 230 Pratt St. *Address,* 2 Hill Court

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40550

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A Reavens

~~Sex~~, *Male* ~~or Female~~, {Cross out the words not required in this line.}

Age, 26 *Years,* *Months,* *Days*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt. now Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 235 George St

Cause of Death, {First (Primary,) Fract: of Femur & dislocation of Ulna} {Second (Immediate,) Shock}

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, June 18th 1880

{*Undertaker,* Wm Weaver} {*Place of Business,* Eutaw St.}

Tho. S. Latimer *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Taylor

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} S

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Bronchitis Pleurisy and asthma
, Second, (Immediate,) Apnoea

Duration of last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 18th 1880

Undertaker, John L Thacher

Place of Business, No 150 Lombard St

Wm Keirle M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40592

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~1880~~ Thursday June 17th. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Sadler

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4 *Years,* 1 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} 257 Forest St

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) ~~6 Weeks~~ Convulsions

Duration of last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 18 80

Wilmer Brinton M. D.
Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, Go Greenmount Address, 25 & Greenmount Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 4015 93

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4015 93

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Nathan Newman

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 3 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 11 Eylton Ct.

Cause of Death, First, (Primary,) Premature birth

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 18th 1880

Undertaker, Wm. H. Zieber Jr.

Place of Business, 93 West Pratt

Louis L. Horn *M. D.*
Medical Attendant.

Address, 226 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40594

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Blackstone

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* Seven *Months,* ____ *Days.*

Color, Black *Sex,* ____

~~*Married*~~, *Single*, ~~*Widow* or *Widower*~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 98 Parry al. (Pear)

Duration of Residence in the City of Baltimore, Seven months

Place of Death, {Give street and number.} 98 Parry al. (Pear)

Cause of Death, {First (Primary,) ____ Second (Immediate,) Cholera Infantum.

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, New Church St Cem.

Date of Burial, June 19th 1880

Undertaker, Wm. H. Bishop

Place of Business, 97 Druid Hill Ave.

F. B. Gardner M. D.
Medical Attendant.

Address 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4005

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Irene Brannagh

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, her whole life

Place of Death, { Give street and number } Chester ave

Cause of Death, First, (Primary.) Summer complaint

Second, (Immediate.) Cholera Infantum exhaustion

Duration of last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St B. Ground

Date of Burial, June 18. 1880

Undertaker, Jacob Davis

Place of Business, 103 Lee St.

Hammond Griffin M. D.
Medical Attendant.

Address, 64 N Pacaca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Kissel

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, — *Years,* — *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md. City

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 55 S Caroll St.

Cause of Death { First, (Primary.) Convulsions

Second, (Immediate,) —

Duration of last Sickness, a few hours.

All the above information should be furnished by the Physician.

Place of Burial, Alpha Mt Olivet Cem

Date of Burial, June 18

Undertaker, H Lippel

Place of Business, 151 S Bond

Address,

Abram Friedel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41597

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Keller

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 188 Eastern Ave

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Schlagel's Cemetery

Date of Burial, June 18th 1880

Undertaker, A Dipner

Place of Business, Bond St

E. J. Kay M. D.
Medical Attendant.

Address, 191 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40598

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reuben R. Parks

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days.*

Color, Mulo

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 16 Gunpowder St

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Acute Nephritis

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Mount Christ Cemetery

Date of Burial, June 17th 1880

Undertaker, Andrew Lutz

Place of Business, 118 Lund Fall Ave

J. Mullen M. D.
Medical Attendant.

Address, 8 N. Wyoming St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathan Stanley

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 8 *Years,* 11 *Months,* 23 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} in the Harbor at Barre St Wharf

Cause of Death First, (Primary,) Accidental Drowning

Second, (Immediate,)

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 18th

Undertaker, Hercules Ross.

Place of Business, 95 Conway St

S. A. Beel M. D.

~~Medical Attendant~~ Coroner

Address, 161 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40600

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1st 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Brown

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Nine *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co. Md

Duration of Residence in the City of Baltimore, Eight months

Place of Death, {Give street and number} 9 E. Baltimore near Gay

Cause of Death First, (Primary,) Eight Days Sick Cerebral Fever

Second, (Immediate,) Exhaustion

Duration of last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemetery

Date of Burial, June 18th 1880

Undertaker, J. A. Kershner

Place of Business, 50 S. Conkling *Address,* Lane

C. Winebrenner *M. D.*
Medical Attendant.
Northwestern Dispensary
No. 1 Hall Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 40601 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JUN 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17/80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Yadkoski (Josephine)

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 3 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 25 Shakespeare St.

Cause of Death, First, (Primary.) Scarlatina Maligna

Second, (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 18th 1880

Undertaker, M. Ronkoski

Place of Business, 316 Aliceanna St

R. W. Mansfield M.D.,
Medical Attendant.

Address, 117 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 41602 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 17/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estanislaw Skiverski

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

JUN 18 1880 HEALTH DEPARTMENT BALTIMORE

Age, 2 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 320 Alice Anna

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 18th 1880

Undertaker, M. Ronkoski

Place of Business, 316 Aliceanna St.

R. W. Mansfield M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 40603

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40603

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday June 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. A. L. Tate

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 72 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Adams Co. Penna

Duration of Residence in the City of Baltimore, 9 mos.

Place of Death, {Give street and number} Penna. Ave. & Laftman's Broadway

Cause of Death, First, (Primary,) Dysentery & Chronic

Second, (Immediate,)

Duration of last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn

Date of Burial, June 19, 1880

Undertaker, H. A. Dauzin

Place of Business, 714 S. Broadway

S. D. Clark M. D.
Medical Attendant.

Address, Penn. Ave. & Laftman's Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transcript 1809

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clarence Prince

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, Whit

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Unknown

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } Nursery and Child's Hospital Mal Nutrition

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 18

C. F. Brau M. D.
Medical Attendant.

Undertaker, C. H. Thurman

Place of Business, 201 Penna Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40605

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julian Norton

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ... *Years,* ..... 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maternity Life

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } Nursery & Child's Hospital

Cause of Death { First, (Primary,) Inherited Syphilis , Second, (Immediate,) ..... }

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 18

Undertaker, C. H. Blizzard

Place of Business, 201 Park

C. F. Bryan M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sheetar Anderson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, *Years,* 6 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} 8 Grundall Court

Cause of Death First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, June 18/80

Undertaker, Fred'k A. Kerchner

Place of Business, 50 S. Carrollton Ave

H. S. Boozé M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1880 3:15 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Wendell

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, *Years,* Five *Months,* Eleven *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give street and number } No. 9 St. Peter St.

Cause of Death { First, (Primary,) Inanition

Second, (Immediate,)

Duration of last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 19th 1880

Undertaker, Armstrong & Dennis

Place of Business, Cor Hodgson & Light Sts.

David H. Sheridan M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40608.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H Green

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Two *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} No 737 Croft St

Cause of Death, First, (Primary,) Cerebral Meningitis

Second, (Immediate,) Paralysis Agitans

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 18th

Undertaker, Hercules Ross

Place of Business, 95 Conway St.

C. D. Dyer M. D.
Medical Attendant.

Address, 146 Hill St ~~1. D. DYER M. D~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 40609 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 18 1880 BALTIMORE

Date of Death, June. 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Hughes

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 372. Ostend st

Cause of Death, First, (Primary.) ———

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem'y

Date of Burial, July 19 1880

James A Steuart M.D.,

Undertaker, Julius Kochler

Place of Business, Sharp St *Address,* Comm of Health Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by — J. E. Duerding

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40610

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday June 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Shaver

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 1 *Years,* 10 *Months,* ——— *Days.*

Color, ———

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number} 432 Aliceanna St

Cause of Death First, (Primary,) Inflamation of Bowels

Second, (Immediate,) Peritonitis

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, M. E. St Paul Cemetery

Date of Burial, June 18th

Undertaker, H. H. Frechlich

Place of Business, 246 Eastern Av

J. E. Cochran M. D.
Medical Attendant.

Address, 28 S Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas J. Shryock Jr

Sex, Male or Female, { cross out the word not required in this line. }

Age, 0 Years, 11 Months, 17 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 166 McCulloh

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 166 McCulloh

Cause of Death { First, (Primary,) Hernia Strang

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, June 18/80

Undertaker, Edward F. Murray

Place of Business, 85 Park Ave

W. F. Grim M. D.
Medical Attendant.

Address, 165 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 17. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philipp Heinrich Ruths

Sex, Male or ~~Female~~, {cross out the word not required in this line.} M.

Age, 6 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, Son of U. S. officer Ruths

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and number} 358 N. Broadway Baltimore

Cause of Death { First, (Primary.) Dyphtheritis Paralysis Cerebralis
Second, (Immediate.)

Duration of last Sickness, 45 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetri

Date of Burial, June 19.

Undertaker, John Hennig.

Place of Business, 382 Orleans St.

Robt M. P. Peretto M. D.
N. 68 S. Lombard St. Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40613

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40613

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Horace Henson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* —— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 100 N. Durham St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Farmers cemetery

Date of Burial, June 19th 1880

Undertaker, Wm. P. Bruce

Place of Business, 1262 East Pr

J. J. Gaut Jr. M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 40614

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH JUN 18 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Kerchner Jr
Catherine Kerchner (Parents)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 35 Albemarle St

Cause of Death, First, (Primary.) Mal Nutrition
Second, (Immediate.) Marasmus

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents

Date of Burial, July 19th 1880

Undertaker, A. W. Myers

Place of Business, W. Balto St

John A Steiner M.D.,

Address, Board of Health

Examd by J. P. Smith

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Minnie E Kueun E Arnold

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, —— *Years,* 6 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ——

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, ——

Place of Death, { Give street and number } #34 Fayette E.

Cause of Death { First, (Primary,) Intestinal catarrh

Second, (Immediate,) Meningitis

Duration of last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 19th 1880

Undertaker, Arnold & Denn

Place of Business, 263 Fayette E. *Address,* ——

J. Lannow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40616

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Lee Tolley

Sex, Male or Female, {cross out the word not required in this line.}

Age, 41 *Years,* 1 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Constable

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, See his Life

Place of Death, {Give street and number} No - 183 S. Chester st 183

Cause of Death First, (Primary,)

Second, (Immediate,) Consumption

Duration of last Sickness, Three months -

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 19 1880

Undertaker, Nicholas F. Burnam

Place of Business, 53 S. Broadway, *Address,* 235 Eastern Ave

A. F. Clarke *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 40617

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. J. Walters

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age (35) 8 5 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, Tobacconist

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} City Hospital

Cause of Death, First, (Primary,) Lobar pneumonia

Second, (Immediate,) Expectoration

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Hamm Pa

Date of Burial, June 19th 1880

Undertaker, Andrews & Hodges

Place of Business, 496 Druid Hill Av

H. B. Dodge M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

France 1810

...Physicians is respectfully invited to the Statistics below, and to list of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18 — 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Clay Preston

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 15 *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Lead town, fort avenue,

Cause of Death { First, (Primary,) Cholera Infantum
, Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, June 19th

Undertaker, B. Hearle

Place of Business, No. 411 Light

Wm. P. Elles M. D.
Medical Attendant.

Address, 315 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~June~~ Mitchell June 18 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Mitchell

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, [redacted] life

Place of Death, {Give street and number} 8 Peach alley

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 19

Undertaker, Heuler & Boss

Place of Business, 94 Conway St

L. M. Hall M. D.
Medical Attendant.

Address, 262 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas H Boult, Jr.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4 *Years,* 7 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unmarried

Occupation, Soda Water Saloon &c.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Entire Life time

Place of Death, {Give street and number} 21 N Broadway

Cause of Death, First, (Primary.) Tubercular Meningitis

Second, (Immediate.) Asthenia, Coma, &c.

Duration of last Sickness, Pulmonary Tuberculosis for 1 year and 7 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 20th 1880

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St

D W Cathell M. D.
Medical Attendant.

Address, 21 N Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40621

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philippine Lehman

Sex, [redacted] *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 3 *Days.*

Color,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No 535 W Balto St

Cause of Death {First, (Primary,) Cholera Infantum

Second, (Immediate,) Asthenia

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Benevolent Cemetery

Date of Burial, June 20

Undertaker, J H Cook

Place of Business, 707 W Pratt St

Paul F. Powell M. D.
Medical Attendant.

Address, No 29 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40622

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. McCait

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* One *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 12 Low Street

Cause of Death { First, (Primary,) Scarlatina
, Second, (Immediate,) Diphtheria

Duration of last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls cemetery

Date of Burial, June 19 1880

Undertaker, Jos. B. Cook

Place of Business, No 707 W. Baltimore Street

Geo. W. Stark M. D.
Medical Attendant.

Address, 16 South Pres.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40623

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18th June 1880,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lee Sawtelle

Sex, ~~Male or Female,~~ {cross out the word not required in this line.}

Age, ~~ Years, Two Months, Eighteen Days.

Color, White

~~Married~~, *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} # 678 W Lombard St,

Cause of Death First, (Primary.) "Cholera Infantum"

Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, June 19th 1880

Undertaker, Wm. B Cook

Place of Business, No 207 N Baltimore street Address, # 584 W Fayette St,

J. A. Sherman M. D.
Medical Attendant.

HEALTH DEPT. JUL 1 1880 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7 A.M. 18th June 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliscence Emma Reed

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* Four *Months,* twenty-six *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Innesend St- Baltimore City- Maryland

Duration of Residence in the City of Baltimore, 4 Months & 26 days

Place of Death, {Give street and number} 322 Lafayette Av.e or Innesend St- Balt.o Md.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) 4 "

Duration of last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Gordon Park

Date of Burial, June 18th 1880

Undertaker, Chas Deaver

Place of Business, 270 N Eutaw St

Wm. J. Wood M. D.
Medical Attendant.

Address, 236 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Fetsch

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 108 Penn Aven

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Diarhoea

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, June 20 1880

Undertaker, Peter Kinnamon

Place of Business, 317 Saratoga

I. H. Burney M. D.
Medical Attendant.

Address, 176 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40626

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday June 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Graeb

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 7 *Days.*

Color, white

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} #167 Mullikin st

Cause of Death { First, (Primary,) Second, (Immediate,) } Cholera Infantum

Duration of last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Ft. Mifflin

Date of Burial, June 19 80

Undertaker, M. Funk

Place of Business, 8 S Bank

Fred'k M. Leuther M. D.
Medical Attendant.
Woman's Hospital
Address, 51 Lexington st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 40627

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 17 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie M Spence

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Rear of 1800 Monroe Ch[illegible] East

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Acute

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Methodist bur. Phil. Road

Date of Burial, June 18

Undertaker, Wendel Dippel

Place of Business, S. Bond at. 151

L. Wilson M.D.,
Medical Attendant.

Address, 1704 Bond

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46628

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1930 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13 1930

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Martha Amanda Burgess

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, Fifty *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or~~ Widower, { Cross out the word not required in this line. } Married

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Talbot County, Maryland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and number } 1702 East Fayette Street

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Heart Disease

Duration of last Sickness, Fifteen Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 14 1930 Wm. C. Cardin, M. D.

Medical Attendant.

Undertaker, Fry & Son

Place of Business, 1711 E. Broadway *address,* 1711 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40629.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brennan

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and number} 156 E. Washington

Cause of Death First, (Primary,) Stomach When called pr. 4 hours
One week

Second, (Immediate,) Exhaust Chronic Ulcer of Stomach

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 20

Undertaker, M. Clark & Son

Place of Business, 64 E. Bates

John F. Loomis M. D.
Medical Attendant.

Address, E. W. Cor. Pratt & Read sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

~~State of Health, City of Baltimore.~~

Permit No. 41630 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } of Frederick Mulkins

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 5 *Years,* 8 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 52 W Lemmon St

Cause of Death, { First, (Primary.) Second, (Immediate.) Dysentary

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ground

Date of Burial, 19th Jun

Lendow Pue M.D.,
Medical Attendant.

Undertaker, Julius Rocker

Place of Business, Shatt & Cross St *Address,* 14 6 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44631

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th, '80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Coleman

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 22 *Months,* — *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, 22 months

Place of Death, {Give street and number} 82 Mosher Alley

Cause of Death, First, (Primary,) Quantion

Second, (Immediate,)

Duration of last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 20th 1880

Undertaker, Wm J Gray

Place of Business, 65 Mulberry

Wm. B. Rider, M. D.
Medical Attendant.

Address, 107 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18- 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie M. Nicholson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 2 *Months,* 2 *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Minor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, 14 mos.

Place of Death, {Give street and number.} 273 N. Eutaw St.

Cause of Death, First (Primary,) Teething

Second (Immediate,) Nervous irritation preceded by convulsions.

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 20th 1880

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St

W. E. Moseley M. D.
Medical Attendant.

Address 248 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11633

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Worthington S Turkins

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* / *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 199 Columbia Ave

Cause of Death First, (Primary.) Pulmonary Catarh

Second, (Immediate,) convulsions

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cty

Date of Burial, June 19th 1880

Undertaker, John Thurston

Place of Business, 16 Pro Commons

J H Gurney M. D.
Medical Attendant.

Address, 76 Mace St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ewert

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, ~~—~~ *Years,* Eleven *Months,* ~~—~~ *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 176 Pearl Street

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 19 1880

Undertaker, C. F. Pearce

Place of Business,

Wm. H. Wiley M. D.
Medical Attendant.

Address, 137 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40635

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40635

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Burke

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No 337 Eastern Ave

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.) ____

Duration of last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, June 20 1880

J. H. Hull M. D.
Medical Attendant.

Undertaker, H. Froehlich

Place of Business, ____ *Address,* 944 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 40636

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 19 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Fry Coleman

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, One *Years,* 6 *Months,* *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 116 S. Dallas St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate) Ex. Anemia

Duration of Last Sickness, Two (2) Days

All the above information should be furnished by the Physician.

Place of Burial, Leonard Cemetery

Date of Burial, June 19th

Undertaker, Rogers & Mills

Place of Business, 35 S. Granby

E. L. Williams M.D.,
Medical Attendant.

Address, 772 E. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Jones

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 55 *Years,* — *Months,* — — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Inspector

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland All his life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} * 16 N. Washington St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) " "

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, June 21st 1880

Undertaker, Lemmy & Mitchell

Place of Business, 65 S Broadway

E. P. Bons M.D.

Medical Attendant.

* *Address,* 406 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40638

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Hatton

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Forty five *Years,* *Months,* 1 *Days.*

Color, Black

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Unable to work for about 2 years

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert County Md

Duration of Residence in the City of Baltimore, Entire Year

Place of Death, {Give street and number} 21 Brannan's ct Hughes st

Cause of Death { First, (Primary.) Apoplexy / Second, (Immediate,) One week

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt Zion Cemetery

Date of Burial, June 20th

Undertaker, G H Perkins & Co

Place of Business, 130 Hanover st

Silas Steele *M. D.*
Medical Attendant.

Southern Dispensary

Address, 17 Hiett

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40639

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John De Vault

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 9 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington, D.C.

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, {Give street and number} No. 55 S. Charles St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 19, 1880

Undertaker, M. A. Dacin

Place of Business, 74 S. Broadway

J. H. Cole, M. D.
Medical Attendant.

Address, 2 N. Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40640

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday June 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellin Feeling

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 54 *Years,* 11 *Months,* 20 *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} M

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} Hagans Alley

Cause of Death First, (Primary.) Scarlatina

Second, (Immediate,) Scarlatina Malegna

Duration of last Sickness, 4

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, June 19, 1880

Undertaker, M. A. Daige

Place of Business, 740 S. Broadway

E. Pinkard M. D.
Medical Attendant.

Address, 25 E. Dorcas st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 40641

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JUN 19 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence H. Carr,

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 5 Madison Ave.

Cause of Death, First, (Primary.) Spasmus glottidis

Second, (Immediate.) Asphyxia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, M. E. B. & Ohio Rd

Date of Burial, June 20. 1880

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

G. G. Luke **M.D.,**
Medical Attendant.

Address, Balt. Md.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 4116 4/2

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18 — 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Jones - Mother

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 Minutes *Days.*

Color, Blk

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 77 Church st -

Cause of Death First, (Primary,) Premature birth (2 hrs)

Second, (Immediate,)

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, June 20th

Undertaker, J. H. Perkins

Place of Business, 130 Henrietta st

R. H. P. Ellis

Medical Attendant.

Address, 315 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40643

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alex. Nitrosheu

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 *Years,* 7 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} # 320 E. John St.

Cause of Death, First, (Primary,) Pleuritis

Second, (Immediate,) Pleuritic Effusion

Duration of last Sickness, about 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Frederick City

Date of Burial, June 19th, 1880

Undertaker, Wm. H. Hickman

Place of Business, 234 W. Gay St.

Geo. A. Newman M. D.
Medical Attendant.

Address, #305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

1811 Hanover

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday June 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louie Bennett

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 19 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington DC

Duration of Residence in the City of Baltimore, 11 Years.

Place of Death, {Give street and number} # 253 N. Eden St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,) Asthma 1e

Duration of last Sickness, One Year.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, June 20th 1880

Undertaker, Wm. H. Hickman

Place of Business, 234 E. Fay St

Wilmer Brinton M. D.
Medical Attendant.

Address, 25 1/2 Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40645

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence M. Thomas

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4 *Years,* four *Months,* ..... *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Citz

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 66 Saratoga St

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) Athenia.

Duration of last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 19. 1880

Undertaker, John C. Jordan

Place of Business, No 68 Park St

T. A. Ashby M. D.
Medical Attendant.

Address, 92 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40 646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 19 1880

CERTIFICATE OF DEATH.

Date of Death, Friday June 18th. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Case

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 32 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Franklin Co. Pa

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and number} 30 Aisquith St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate,) Asthmia

Duration of last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Severn Station B and P. R. R.

Date of Burial, June 20th

Wilmer Benton M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Ashland Square *Address,* 25 1/2 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1812

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. [redacted] 40647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Reynolds

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 40 *Years,* 10 *Months,* 22 *Days.*

Color, white

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number.} No 9 Webb St

Cause of Death, First (Primary.) Entero-Colitis

Second (Immediate,) Congestion of Brain (active)

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 19th

Undertaker, Geo Schilling.

Place of Business, Ashland Square

Irving Miller M. D.
Medical Attendant.

Address 179 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40648

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W Joyce

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carmaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and number} 249 E Madison

Cause of Death First, (Primary,) Insanity

Second, (Immediate,) Suicide by hanging

Duration of last Sickness, Sudden death (Dr Geo Hartman his physician

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 21st

Undertaker, Geo Schilling

Place of Business, Ashland & Eyan

Edmund R Wulker M. D.
Medical Attendant.

Address, Coroner n P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40649

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40649

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 19 1880

CERTIFICATE OF DEATH.

Date of Death, June 18 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary E Mitchel

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, 31 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 228 Light St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 20 [illegible]

H B Mc K M. D.
Medical Attendant.

Undertaker, [illegible]

Place of Business, [illegible] *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis McGennan

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 95 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Unknown

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number} 42 Union Street.

Cause of Death First, (Primary,) Senile decay

Second, (Immediate,) Congestion of lungs.

Duration of last Sickness, Laid by a month - In attendance 3 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 20 1880

Undertaker, Mathew Cadogan

Place of Business, 227 Mulberry St

Anthony Brewer M. D.
Medical Attendant.

Address, 68 N Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 19 1880

Date of Death, June 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Mansell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Seven *Years,* Two *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} No 52 China alley

Cause of Death, First, (Primary,) Exposure to dampness

Second, (Immediate,) Enfelitis

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, June 19 1880

Undertaker, Samuel H. Chase

Place of Business, 198 Saratoga st *Address,* 146 Hill st

J. D. Lee M. D.
Medical Attendant.

DUPLICATE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40652

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Coral F. Earls

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Four *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Continued

Place of Death, {Give street and number} No 78 China alley

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Convulsion

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 26th

Undertaker, Hercules Ross.

Place of Business, 95 Conway St

J. D. Dyer M. D.

Medical Attendant.

Address, 146 Hill St J. D. DYER M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40653

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 18. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Houck

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 90 Wilkelm St

Cause of Death First, (Primary,) Malarial Fever

Second, (Immediate,) Congestive Chill

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 21 1880

James V Dooley M. D.
Medical Attendant.

Undertaker, Joseph Black

Place of Business, 707 N Balto St *Address,* 319 N Wincott

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40654

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1890 4 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Hayes

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 6 *Years,* 1 week *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 83 Granby

Cause of Death { First, (Primary,) Scarlatina Maligna
Second, (Immediate,) .....

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, June 20th 1890

Undertaker, Jas. O. Byrne

Place of Business, 63 E. Fayette St

James E. Donnelly M. D.
Medical Attendant.

Address, 996 Bath St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40655

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalena Keiser

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 34 *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Five years.

Place of Death, {Give street and number} ~~277 Canton Av~~

Cause of Death, First, (Primary.) ____ Second, (Immediate,) Cerebral Mania.

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cem.

Date of Burial, June 19th

Undertaker, H Henry Lauder

Place of Business, 252 Canton Av

Aug. H. Friah M. D.
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40656

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUNE 18 1880

Date of Death, June 18, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kettie Middleton

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 28 *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Salem N Jersey

Duration of Residence in the City of Baltimore, On a visit

Place of Death, {Give street and number} 138 Williams St

Cause of Death, First, (Primary,) Tubercular Meningetis

Second, (Immediate,) Apoplexy

Duration of last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill cemetery

Date of Burial, June 20th 80

H. B. Noble M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light st *Address,* 17 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 19 2 1880 BALTIMORE

Date of Death, June 19 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand R Waters

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 3 N Caroline

Cause of Death First, (Primary,) Diarrhea

Second, (Immediate,) Asthenia

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem'y

Date of Burial, June 21-1880

F. E. Shatard Jr. M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St *Address,* 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 19th. June 1890.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Stolinski

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, — Years, 7 Months, — Days.

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kleinwolga, Prussia, Germany 6 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} S. Amstrut No 289

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Angina maligna

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, 20th June

William Hensel M. D.
Medical Attendant.

Undertaker, Wm. Slingluff

Place of Business, 253 Aliceanna st

Address, S. Wolfe st. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Friday 18th June 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jackson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 258 Raborg St

Cause of Death {First, (Primary,) Chlora Infantum

Second, (Immediate,) 2 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, June 19 1880

Undertaker, William Monroe

Place of Business, 1062 East St

D. K. Norris M. D.
Medical Attendant.

Address, 522 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40660

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40660

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Eblen

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 29 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} Patterson Park

Cause of Death, First, (Primary,) Suicide Pistol Shot in right Temple

Second, (Immediate,) .....

Duration of last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Eden St Helens

Date of Burial, June 20th 1880

Undertaker, Wm Eblen

Place of Business, 101 Gough St.

Chas Ellis Wight M. D.
Medical Attendant.
Coroner E.D.

Address 167 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40661

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis B. Harrison.

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 3 *Years,* — *Months,* 25 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, None.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt City

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give street and number.} 153 Mulberry St.

Cause of Death, First (Primary,) Scald Gastritis. V

Second (Immediate,) " "

Duration of Last Sickness, 13 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, June 21st 1880

Undertaker, Geo. B. Cook

Place of Business, 707 W. Baltimore

John T. Ridgely M.D.
Medical Attendant.

Address, City.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19. 1890

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Elizabeth Zell

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 47 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Entire Lifetime

Place of Death, { Give street and number. } 148 George St

Cause of Death, { First (Primary,) Medullary Carcinoma of Mouth
Second (Immediate,) Exhaustion and Blood Poisoning

Duration of Last Sickness, Almost a year

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, June 21 st 1890

Undertaker, Jos B. Cook

Place of Business, No 707 W Baltimore street

T Daugherty M. D.
Medical Attendant.

Address 175 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John William Riley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — 50 — *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Gunsmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} London - England.

Duration of Residence in the City of Baltimore, Upwards of 30 years

Place of Death, {Give street and number.} 220 Hollins St.

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) .....

Duration of Last Sickness, about 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 20 st 1880

Undertaker, Jno B. Cook

Place of Business, No 703 N. Baltimore Street

Wm W. Murray M. D.
Medical Attendant.

Address Fayette & Fremont Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 40664 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JUN 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willeam Thos Gorman

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* ½ *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balte City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 18 11 Neighbor St

Cause of Death, First, (Primary.)

Second, (Immediate.) Convulsions —

Duration of Last Sickness, One hour "

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 20 1880

James H Steuart M.D.,

Medical Attendant.

{ *Undertaker,* Jas P. Byrne

{ *Place of Business,* Front St *Address,* Comm of Health

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Exam by Geo E. Brown

~~State of Health, City of Baltimore,~~

Permit No. 40665

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

BOARD OF HEALTH JUN 20 1880 BALTIMORE

Date of Death, June 18. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emanuel Baum

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 109 Scott St

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Hebr Cemetery

Date of Burial, June 20th 1880

Undertaker, Jas Carmine

Place of Business, 38 S. Race

Theodore Lentz M.D.,
Medical Attendant.

Address, 146 Aisquith

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Quesin

Sex, Male or Female, {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 111 N Biddle st

Cause of Death, First, (Primary.) Pleuro pneumonia followed

Second, (Immediate,) by acute Dysentery

Duration of last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 21st 1880

Caleb Winslow M. D.
Medical Attendant.

Undertaker, Andrew Daly

Place of Business, 118 Irwin Ave

Address, 23 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40667

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 20 1880

Date of Death, June 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Aminger

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 72 *Years,* ____ *Months,* ____ *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Comb. Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give street and number} 242 E. Monument St

Cause of Death, First, (Primary.) Abscess on the Bowels

Second, (Immediate,) Peritonitis

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem.

Date of Burial, June 20th 1880

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address,* 137 Orleans St

C. J. Gwynn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40668

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Keep

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 78 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Tinner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 50 Years

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 64 Lancaster

Cause of Death { First, (Primary,) Malignant Dysentary V
Second, (Immediate,) .....

Duration of last Sickness, Six Days

All the above Information should be furnished by the Physician.

Place of Burial, St Paulus Cemetary

Date of Burial, June 20th 1880.

Undertaker, Leonhard Kurtz

Place of Business, 1 Bondstreet & 27

Jas E Donnelly M. D.
Medical Attendant.

Address, 29 E Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Hurley Ford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Penn

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number.} 93 Chase Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Enteritis

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Phila. Pa C B Gamble M. D.

Date of Burial, June 21/80 Medical Attendant.

Undertaker, Edward F Cunningham & Cathedral

Place of Business, 30 Park Ave Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

1813 Hanover

No. 40670

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Stape

Sex, Male or Female, { cross out the word not required in this line. }

Age, 4 *Years,* 8 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 17 O'Donnell St

Cause of Death, First, (Primary,) Scarlet Fever V

Second, (Immediate,) Ascites

Duration of last Sickness, One week " "

All the above information should be furnished by the Physician.

Place of Burial, O'Donnell Square and E. Baltimore

Date of Burial, June 21st 1880. E. J. Williams M. D.

Medical Attendant.

Undertaker, E. E. Bell

Place of Business, Ellwood & Co. Address, 17 Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 40671

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JUN 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Groscup

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* 8 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 362 Hanover St

Cause of Death, First, (Primary.)

Second, (Immediate.) Congestion of the Lungs

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 21 80

Undertaker, H Brides

Place of Business, Fremont & Pratt

Sheridan Leslie **M.D.,**
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40672

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19 — 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wesley Woodland

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 4 mts

Place of Death, {Give street and number} 17 Bunnyk st.

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 21st

Undertaker, B. Hartle

Place of Business, 411 Light St.

D. H. Ellis M. D.
Medical Attendant.

Address, 815 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40673

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Matilda Anders

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* 6 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number.} 345 Penna av.

Cause of Death, First (Primary,) Phthysis

Second (Immediate,)

Duration of Last Sickness, between one & two years

All the above information should be furnished by the Physician.

Place of Burial, New ~~Windsor~~ Windsor Carroll Co. Md

Date of Burial, June 21 1880

E Loveless M. D.
Medical Attendant.

Undertaker, J. M. C. Chenoweth

Place of Business, 236 Penn ave *Address* 289 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Trans 1815

Board of Health, City of Baltimore.

Permit No. 40674

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 20 1880 BALTIMORE

Date of Death, June 19/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Gunther

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 102 S. Bond St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, June 20th

Undertaker, Wendel Dippel

Place of Business, S. Bond st. 151

R. W. Mansfield **M.D.,**
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 40675

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JUN 20 1880

CERTIFICATE OF DEATH.

Date of Death, June 19. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ursula Ernst

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number. } 121 Fairmount Ave.

Cause of Death, First, (Primary.) Enteric. Cholera Infantum

Second, (Immediate.) Meningitis

Duration of Last Sickness, One Day.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, June 21st 80

G. A. Luck M.D.,
Medical Attendant.

Undertaker, Eph. Tranor

Place of Business, 280 Canton Ave *Address,* Balt. Md.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 40676

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Rutting

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 1. 432 Eastern Ave

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Ft Alphonsus Grave

Date of Burial, June 20th 80

Undertaker, Mc Franco

Place of Business, 220 Gaston Ave

M. D.
Medical Attendant.

Address, 214 N Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Buchanan

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 12 *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } M

Occupation, B

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, L

Place of Death, { Give street and number } 126 Eutaw

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Chol

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cem Perry

Date of Burial, June 20th 1880

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw

..... *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40678

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 20 1880 BALTIMORE

Date of Death, June 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence May Chapman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 10 *Months,* 26 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 25 Jackson Square

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Meningitis

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem'y

Date of Burial, June 21st 1880

Undertaker, Thos A Hughes

Place of Business, 64 E Balto

Thomas R Evans M. D.
Medical Attendant.

Address, 25 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 40679

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1890

CERTIFICATE OF DEATH.

Date of Death, June 20th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Geckle

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 40 – *Years,* *Months,* *Days*

Color, W

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Saxony 22 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Gaither Falls

Cause of Death, {First (Primary,) Drowning

Second (Immediate,)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Bolt Cemetery

Date of Burial, June 21st 90

Undertaker, Rau & Bartle

Place of Business, 62½ W. Balto St

Chas. A. Morfit M.D.
Coroner & P

Medical Attendant.

Address, 62 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40680

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH JUN 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T Williams

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 165 Hughes st

Cause of Death {First, (Primary,) Cholera Infantum

{Second, (Immediate,)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, B.O. Bonaventure Cemetery

Date of Burial, June 21 " 1880

A. W. Webster Jr. M. D.
Medical Attendant.

Undertaker, Armstrong & Demy

Place of Business, Light St. cor Montgomery St

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Physicians is respectfully invited to the remarks below. See list of diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40681

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1880

CERTIFICATE OF DEATH.

Date of Death, June 20th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Maggie Roth

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, ... *Years,* 8 *Months,* 19 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 24 Hull street

Cause of Death { First, (Primary,) Cholera Infantum / Second, (Immediate,)

Duration of last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, June 21st

Undertaker, B. Roth

Place of Business, No 411 Light Street

C. W. Janney M. D.
Medical Attendant.

Address, Boston & Patterson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1880

CERTIFICATE OF DEATH.

Date of Death, June 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} S Zellner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 78 *Years,* x *Months,* x *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, {Give street and number.} Hebrew Hospital

Cause of Death, First (Primary,) old age

Second (Immediate,) softening of the brain disease months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ohel Shalam Cemetery

Date of Burial, June 21st 1880

Undertaker, Wm. Eilau

Place of Business, 101 Gough St *Address*

D. Friedenwald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40683

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 21 1880 HEALTH DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, June 19th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel E. Reed

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 34 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, Glass blower

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Burlington Co, N. Jersey, 8 years.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 19 Stockholm St.

Cause of Death { First, (Primary,) Abscess of Liver, Second, (Immediate,) Phthisis Pulmonalis about 2 years.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 21st

Undertaker, F. M. Ford

Place of Business, 131 Hanover St

R. J. N. Tall, M. D.
Medical Attendant.

Address, 152 Shap St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40684

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1880

CERTIFICATE OF DEATH.

Date of Death, June 20 1880. John Reeder.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Patrick~~ Lang

Sex, Male or Female, {cross out the word not required in this line.}

Age, 9 *Years,* 1 *Months,* 11 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 447 w. Baltimore street

Cause of Death { First, (Primary,) Tetanus Injury of the neck-bone
Second, (Immediate,) Tetanus

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 21

Undertaker, Patterson

Place of Business, 252 N. Biddle

John J. Litzert M. D.
Medical Attendant.

Address, 160 Saratoga street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 40685

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

BALTIMORE HEALTH DEPARTMENT JUN 21 1880

Date of Death, June 19. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Bartlett

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 67 Hamburg St

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, June 21

Undertaker, ~~J. E.~~ Krauth

Place of Business, Hanover St

Gordon Gott M.D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40686

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JUN 21 1880

CERTIFICATE OF DEATH.

Date of Death, June 20th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harriet H. Smith

Sex, ~~Male~~, *Female,* { cross out the word not required in this line. }

Age, 1 *Years,* 8 *Months,* 2 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the ~~word not~~ required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, { Give street and number } 102 Gough St

Cause of Death, { First, (Primary,) ; Second, (Immediate,) Dysentery

Duration of last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 22nd 1880

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway

Aug. F. Eyth M. D.
Medical Attendant.

Address, 94 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1880

CERTIFICATE OF DEATH.

Date of Death, June 19. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dorsey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* .... 5 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Ballimore, ...

Place of Death, {Give street and number.} 196 Third St

Cause of Death, { First (Primary,) .... Diarhoea
Second (Immediate,) Cerebral congestion

Duration of Last Sickness, Nearly 2 month

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 21st 1880

{ *Undertaker,* No 1 ~~Bridge~~ Thos Chase
{ *Place of Business* No 198 Howard St

J. E. Atkinson M. D.
Medical Attendant.

Address 223 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY HEALTH DEPARTMENT JUN 21 1880

CERTIFICATE OF DEATH.

Date of Death, June 20 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Hanshall

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 4 21 Alley

Cause of Death {First, (Primary.) Cholera Infantum

Second, (Immediate,) Asthenia

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 21 1880

Undertaker, S W Chase

Place of Business, No 198 Howard St

W. E. Booze M. D.
Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT JUN 21 1880

CERTIFICATE OF DEATH.

Date of Death, June 20. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Bunard Mincher

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 20 *Days.*

Color, White.

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 25 Barnet st.

Cause of Death {First, (Primary,) Mal Nutrition,

Second, (Immediate,) 3 m^os.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudin Park

Date of Burial, June 21st 1880

Undertaker, Andrews & Hodges

Place of Business 64 & 6 Druid Hill Ave

J. W. Houck M. D.
Medical Attendant.

Address, 75 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 21 1880 HEALTH DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, June 20 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann P. Hanna

Sex, ~~Male~~ *or Female,* { cross out the word not required in this line. }

Age, 68 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or~~ *Widower,* { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 207 Hoffman St

Cause of Death { First, (Primary,) Second, (Immediate,) } Paralysis

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, 22 nd June 1880

Undertaker, H. M. Jenkins & Son

Place of Business, 16 Light St

J. H. Sullivan M. D.
Medical Attendant.

Address, 22 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 40691

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

BALTIMORE HEALTH DEPARTMENT JUN 21 1880

CERTIFICATE OF DEATH.

Date of Death, June 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard T. Williams

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 3 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 67 Little McElderry St

Cause of Death, First, (Primary.) Premature Birth

Second, (Immediate.) Asthenia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 21st 1880

Undertaker, A. Wayman

Place of Business,

I. Am. A. Smith M.D.,
~~Medical Attendant.~~

Address, Comm. of Health Register

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by I. P. Smith

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40695

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21st June 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann'y Resek

Sex, Male or Female, { cross out the word not required in this line. }

Age, — *Years,* 8 *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, { Give street and number } Jefferson Street 251.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, St. Aloysius

Date of Burial, June 22 1880

William Kenel M. D.
Medical Attendant.

Undertaker, John Herring

Place of Business,

Address, S. Wolfe & 17

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JUN 21 1880

CERTIFICATE OF DEATH.

Date of Death, June 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard F Blackburn

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 14 *Years,* 10 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Canada

Duration of Residence in the City of Baltimore, six months

Place of Death, {Give street and number} 35 S Ann St

Cause of Death, First, (Primary.) Typho Malarial Fever

Second, (Immediate,) Perforating Ulcer of Intestine

Duration of last Sickness, Indefinite — For three or four weeks

All the above information should be furnished by the Physician.

Place of Burial, Montreal Canada

Date of Burial, June 23rd 1880

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

D W Cathell M. D.
Medical Attendant.

Address, 21 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1816 Lane

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT JUN 21 1880

CERTIFICATE OF DEATH.

Date of Death, June 25th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clarence I. Meikle

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, — *Years,* 7 *Months,* 8 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } U. S. A.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No 406 E Fayette st

Cause of Death { First, (Primary,) Eclampsia
Second, (Immediate,) 3 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, June 22nd 1880

Undertaker, Denny & Mitchell

Place of Business,

J. Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 40695 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

BALTIMORE JUN 21 1880

Date of Death, June 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lavinia R. Stinchcomb

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 31 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Anne Arundel Co Md.

Duration of Residence in the City of Baltimore, Ten (10) Years

Place of Death, {Give street and number.} 118 S. Regester St.

Cause of Death, First, (Primary.) Pulmonary Phthisis

Second, (Immediate.) Asthma

Duration of Last Sickness, Eight (8) Years

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery Phila Rd

Date of Burial, June 21st 1880

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 65 So Broadway

J. L. Wilkins M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HOWELL'S JUN 21 1880 HEALTH OFFICE BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Deven

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 44 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 290 N. Eutaw St

Cause of Death, First (Primary,) Remitent Fever

Second (Immediate,) Unknown & Sudden as by Apoplexia

Duration of Last Sickness, Two-weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Thos S Latimer M.D.

Date of Burial, June 22nd 1880 Medical Attendant.

Undertaker, Chas T. Semmes *Address,* 187 W. Biddle St

Place of Business, 271 W Eutaw

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 40697

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

BALTIMORE HEALTH DEPARTMENT JUN 21 1890

CERTIFICATE OF DEATH.

Date of Death, June 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Brooks

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 2 *Years,* — *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 118 York St

Cause of Death, First, (Primary.)

Second, (Immediate.) Tuberculous Meningitis

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mountolivet

Date of Burial, 22d June

Undertaker, J B Cook

Place of Business, 707 West Baltimore

Thornton Cook M.D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Address Below, and to Table of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JUN 21 1880

CERTIFICATE OF DEATH.

Date of Death, June 20 - 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Eggan

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, — Years, 7 Months, 5 Days.

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 32 Frederick Ave

Cause of Death, First, (Primary.) Pasular Meningitis.

Second, (Immediate,)

Duration of last Sickness, 8 or 10 ds

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hill Cemetery

Date of Burial, June 22

C. C. McDowell M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 West Baltimore St. Address, 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 40699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1890

CERTIFICATE OF DEATH.

Date of Death, June 20 / 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Viola Maddox

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 2 *Months,* 18 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 423 W. Fayette

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) " "

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist graveyard

Date of Burial, June 21st 1890

Thomas Obie M. D.
Medical Attendant.

Undertaker, Jos. B. Lentz

Place of Business, No 707 E Baltimore Street

Address, 681 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE MD. JUN 12 1880

CERTIFICATE OF DEATH.

Date of Death, June 8th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzy White

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* — *Days.*

Color,

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 1 Munter Ave

~~Duration of Residence in the City of Baltimore~~,

Place of Death, {Give street and number} No 1 Munter Ave

Cause of Death First, (Primary,) Tuberculer Meningitis

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, 3 o'clock P.M.

C. D. Haines M. D.
Medical Attendant.

Undertaker, Francis Lone

Place of Business, Fremont Baltimore *Address,* 1 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 21 1880 HEALTH DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, June 20. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Eisenhardt

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 4 *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} 138 Howard St

Cause of Death, First, (Primary,) Scarlatina anginosa

Second, (Immediate,) Pyrexia

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 23d 1880

Undertaker, Wm Deaver

Place of Business, 202 N Eutaw

W. F. Kemp M. D.
Medical Attendant.

Address, 53 N. Gouch St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JUN 21 1900

CERTIFICATE OF DEATH.

Date of Death, June 20th 1900

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther M. Laughlin

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 5 *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 1/4 years

Place of Death, {Give street and number} 30 Courtland St.

Cause of Death { First, (Primary,) Diarrhoea
Second, (Immediate,) Exhaustion

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem.

Date of Burial, June 22nd

Undertaker, Redemeyer

Place of Business,

J. H. Branham M.D.
Medical Attendant

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT JUN 21 1889

CERTIFICATE OF DEATH.

Date of Death, June 20th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Carter

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days.*

Color, Brown

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prince George County

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number} 15 Rose st

Cause of Death, First, (Primary.) Old age

Second, (Immediate.)

Duration of last Sickness, About 3 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 21st 1889

Undertaker, Wm. F. Bishop & Co.

Place of Business, 97 South Hilliard

D. H. Williams M. D.
Medical Attendant.

Address, 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 21 1880 HEALTH DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, June 21st June 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Winkelmann

Sex, Male or Female, {cross out the word not required in this line.}

Age, 77 *Years,* ____ *Months,* ____ *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Germanie

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Cor. John and Valley Sts

Cause of Death, First, (Primary,) Dropsy

Second, (Immediate,)

Duration of last Sickness, about three months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 22 1880

J. M. Brooke Boyle M. D.
Medical Attendant.

Undertaker, Henry Shelltheis

Place of Business,

Address, 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Nagengast

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany - 2 wks in USA

Duration of Residence in the City of Baltimore, 2 wks

Place of Death, {Give street and number} C. I. Hospital

Cause of Death, First, (Primary.) Caries of Sternum

Second, (Immediate.) Exhaustive Suppuration

Duration of last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

Oscar J. Coltrop *M. D.*
Medical Attendant.

Address, 188 W. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT JUN 21 1880

CERTIFICATE OF DEATH.

Date of Death, June 20/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Dennis,

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.} Female

Age, 40 *Years,* 6 *Months,* 21 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 323 Bruntle Av.

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Rheumatism Complicated with Gastritis Collapse

Duration of Last Sickness, nearly four Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 26

Undertaker, John E. Hough

Place of Business, 89½ Penna. Av

H. K. Fetterhoff M.D.

Medical Attendant.

Address, 205 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 40707

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

BALTIMORE HEALTH DEPARTMENT JUN 21 1890

CERTIFICATE OF DEATH.

Date of Death, June 20/89

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Burke

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give street and number.} 138 Lancaster St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, June 21st

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av

L. W. Mansfield M.D.,
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT JUN 21 1880

CERTIFICATE OF DEATH.

Date of Death, June 20, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Inf. Wesley Cooke

Sex, Male or Female, {cross out the word not required in this line.}

Age, 0 *Years,* 1 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, 6 mos & 2

Place of Death, {Give street and number} 3 Lemon Court

Cause of Death First, (Primary,) Pneumonia fol: Measles

Second, (Immediate,)

Duration of last Sickness, 1 Wk

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 21

Undertaker, Hercules Boyd

Place of Business, 74 Lemon St

Wm. Cookman M. D.
Medical Attendant.

Address, 3 Lemon Ct

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 40709

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

BALTIMORE HEALTH DEPARTMENT JUN 21 1899

CERTIFICATE OF DEATH

Date of Death, June 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael O'Brien

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 25 Hilman St

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, June 22d

Wm Whitridge M.D.,
Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,*

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BALTIMORE HEALTH DEPARTMENT JUN 21 1880

Date of Death, 21st June 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice M Kelly

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ball

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 74 Hull n

Cause of Death { First, (Primary,) Chollera Infantum. Second, (Immediate,)

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Bolle Cemetery

Date of Burial, June 22 1880

Undertaker, Armstrong & Bruns

Place of Business,

H W Mebius M. D.
Medical Attendant.

Address, 57 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 40711 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

BOARD OF HEALTH JUN 21 1880 HEALTH DEPT.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brown

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 7/8 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 361 Penn Street

Cause of Death, First, (Primary.) Premature Birth

Second, (Immediate.) Asthenia

Duration of Last Sickness, ~~—~~

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, June 21 1880

Undertaker, S. W. Chase

Place of Business, Howard St Address, Comm of Health & Physician

James A Steuart M.D., Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examd. H. Fitzpatrick

Board of Health, City of Baltimore,

Permit No. 40712 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

BALTIMORE HEALTH DEPARTMENT JUN 21 1880

Date of Death, June 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Smith

Sex, Male ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 10 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 163 York St

Cause of Death, First, (Primary.) Premature Birth

Second, (Immediate.) Asthenia

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Shars St. Cemetery

Date of Burial, June 21st 1880

Undertaker, Geo W. Perkins

Place of Business, ———

Geo A Shuman M.D.,

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Jos V. Fitzpatrick

Board of Health, City of Baltimore,

Permit No. 40713 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

BALTIMORE HEALTH DEPARTMENT JUN 21 1880

CERTIFICATE OF DEATH.

Date of Death, June 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edmund Corbin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 8 *Years,* *Months,* *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} 151 Durham St bet Bank & Gay

Cause of Death, First, (Primary.) Typhoid Cholera Morbus

Second, (Immediate.)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, June 22 1880

Undertaker, Wm N Dungan

Place of Business, Eutaw St

James A Steuart M.D.,

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by Geo E. Taylor

OVER.

Board of Health, City of Baltimore.

Permit No. 40714

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

BALTIMORE HEALTH DEPARTMENT JUN 21 1880

CERTIFICATE OF DEATH.

Date of Death, June 20 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Franklin Gilley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* One *Day.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 19 Concord St

Cause of Death, First, (Primary.) Premature Birth

Second, (Immediate.) Inanition

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 22 1880

Undertaker, Jas P. Byrne

Place of Business, Front St

John A Lewis M.D.,

Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd by B. Disse

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT JUN 22 1880

CERTIFICATE OF DEATH.

Date of Death, June 21. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} not named infant of Margaretta Braun

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Son of Margaretta Braun from Westchester County

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number} N. 70. Granby St Baltimore

Cause of Death { First, (Primary,) Hydrocephalus and
Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 22

Undertaker, Mary Bein

Place of Business, 252 Aliceanna *Address,* 50

Peter N. H. Goette M. D.
Medical Attendant.
N. 88 E Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BALTIMORE HEALTH DEPARTMENT JUN 21 1880

Date of Death, June 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Poullain

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* 4 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Georgia

Duration of Residence in the City of Baltimore, Since 1867

Place of Death, {Give street and number.} 410 Eutaw Place

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) Syncope and asthenia

Duration of Last Sickness, Do not know; probably several years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, June 22nd 1880

Undertaker, A W Jenkins & Son

Place of Business, 16 Light st

S. R. Chew M. D.
for Riggin Buckler M. D.
Medical Attendant.

Address 141 Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT JUN 21 1899

CERTIFICATE OF DEATH.

Date of Death, June 20 / 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Neundeck

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 65 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and number.} 15 N. Chapel st.

Cause of Death First, (Primary,) Pulmonary tuberculosis

Second, (Immediate,)

Duration of last Sickness, 10 years

All the above information should be furnished by the Physician.

Place of Burial, Ft Alyfonsus Cem. D. J. Daniel M. D.

Date of Burial, June 22 1899 Medical Attendant.

Undertaker, A. Stahle

Place of Business, 244 E. Lombard *Address,* 244 E. Lombard st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Felix Graham

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 64 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Unknown

Occupation, Unknown

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} University Hospital

Cause of Death {First, (Primary,) Senile debility

Second, (Immediate,) Ascitania

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, June 21/80

Undertaker, J. A. Kirchner

Place of Business, 50 S. Carroll St. *Address,* University Hospital

J. W. Ellis *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1888 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Richardson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 2 mts

Place of Death, {Give street and number} 6 Harlem ct.

Cause of Death {First, (Primary.) Inanition

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shaw's Cemetery

Date of Burial, June 22

Undertaker, Hercules Ross

Place of Business, 15 Conway St

L. A. P. Ellis *M. D.*
Medical Attendant.

Address, 816 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1023 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edw Henry Williams

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 1708 Howard St

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Exhaustion

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial June 22

Undertaker, Hercules Ross

Place of Business, 95 Conway St *Address,* 1708 Howard St

Julius Hall *M. D.*
Medical Attendant.
Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40721

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Hamill

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City—Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 63 Orleans Street,

Cause of Death {First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 22nd/80

Undertaker, Geo. Schilling

Place of Business, Ashland Square

J. Farrell Wartnick, M. D,
Medical Attendant.

Address, Baltimore Co. Depot Washington Co.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40722

The Sp... Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Kelly

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 2 *Months,* 11 *Days.* 8

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No. 8 Gough St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 22nd 1880

Undertaker, H. M. Gibneys

Place of Business, 211 Canton Ave.

D. D. Gately M. D.
Medical Attendant.

Address, 244 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...lth, City of Baltimore,

Pet...

Office of Registrar of Vital Statistics.

The ... any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

40723

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE

Date of Death, June 21. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa C. Leebold Lypold

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2. *Years,* 1. *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balti.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 70 Lederer Ct

Cause of Death, First, (Primary.) Whooping Cough

Second, (Immediate.) Inflamation of Lungs

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, June 23d

Undertaker, H. Price

Place of Business, Pennsylvania Ave

Theodore Cook M.D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

[redacted] of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. [redacted] 4 - 40724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1899 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert H Gilder

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 158 Bank St

Cause of Death First, (Primary,) Meningitis

Second, (Immediate,)

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Lookout

Date of Burial, June 22 99

Undertaker, Ansley & Lang

Place of Business, No 1632 Ltf

I. C. Burch M. D.
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[redacted] of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. [redacted]6725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Araminta H. Hoffman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* Three weeks *Months,* to date *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto 339 Light st

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 335 S Light st

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Cerebritis

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 22 80

Undertaker, Jno Slingluff & Sons

Place of Business, 1 & 263 Light st

Jos E Smith M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Sp[illegible] Diseases on Back of this Certificate.

[illegible] Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 44726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Redmond Fitzpatrick

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 10 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 260 N. Holl St. City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number} 177 N. Eden St

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Intestinal Convulsions

Duration of last Sickness, 9 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, June 22nd

Undertaker, H. C. Wedefeld

Place of Business, 90 Greenmount Ave *Address,* 334 Eutaw St

Edward P. Neville M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[redacted]more,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. [redacted] 40727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene Auttaus

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 1 *Years,* — *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto. City

Duration of Residence in the City of Baltimore, 1 yr & 21 dys

Place of Death, {Give street and number.} 117 S. Sharp St, 1st Floor

Cause of Death, {First (Primary,) Diarrhoea

Second (Immediate,)

Duration of Last Sickness, 1 Mo.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet - Cemetery

Date of Burial, June 22nd

Undertaker, R. N. Frill

Place of Business, 131 Hanover St

R. C. Lee M.D.
Medical Attendant.

N. W. cor

Address, Hanover & Barre Sts

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The S[redacted]es on Back of this Certificate.

[redacted], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JUN 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Pierce Hughes.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City. Md.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number} 186 Argyle Avenue

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, June 23rd 1880.

Louis W. Knight M. D.
Medical Attendant.

Undertaker, Thos. [redacted]

Place of Business, [redacted] *Address,* 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Warren Gorman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* 7 *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Moulder

Birthplace, {State or country (and how long in the United States, if of foreign birth.} State of New York

Duration of Residence in the City of Baltimore, Twenty two years

Place of Death, {Give street and number.} 37 South Fulton st

Cause of Death, First (Primary,) Thickening of Abdominal glands, possibly Cancer

Second (Immediate,) Anaemia

Duration of Last Sickness, About four months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, June 22nd 1880

E Goverlock M. D.
Medical Attendant.

Undertaker, Jos. H. Croft

Place of Business, No 707 W Baltimore Street *Address* 289 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 40730

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} — A. H. Stewart

Sex, Male or Female, {cross out the word not required in this line.} Male -

Age, — *Years,* — *Months,* 20 hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 209 N. Calhoun St. -

Cause of Death, First, (Primary,)

Second, (Immediate,) Cyanosis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 22/80

Undertaker, Stewart & Moore

Place of Business, 35 Park Ave

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY FURNITURE AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday June 22 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Washington

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} #No 44 Boyd St.

Cause of Death { First, (Primary,) Pertussis Complicated with Pneumonia
Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Levin Cemetery

Date of Burial, June 22 1880

E. A. Moore M. D.
Medical Attendant.

Undertaker, Wilbur Abner

Place of Business, No 62 East Shut *Address,* 532 N Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 1107

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Rosena Marshall

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md. Born in the City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 47 Elliott St

Cause of Death, First, (Primary.) Scarlet Fever & Diphtheria

Second, (Immediate.) 13 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, June 22th 1880

E. Jenkins M. D.
Medical Attendant.

Undertaker, Peter Frey

Place of Business, 91 Eutaw Av

Address, 17 Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE

Date of Death, June 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Neely.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 38 Years.

Place of Death, {Give street and number.} 132 Dover St.

Cause of Death, First (Primary,) Sarcoma of Cervical Gland.

Second (Immediate,) Three Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, 23d June 1880.

Chas. J. Smith M. D.
Medical Attendant.

Undertaker, Ayd & Jenkins & Son

Place of Business, & 18 Light St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 40734 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hartman Heckman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 10 *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} #216 Alice Anna St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) .....

Duration of Last Sickness, 3 or 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, June 23rd 1880

Undertaker, Leonhard Feiss

Place of Business, S. Bouth. St.

John H. Rehberger M.D.,
Medical Attendant.

Address, 243 Alice Anna St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Lewis

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* 5 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U. S. A.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 57 N Eden st

Cause of Death {First, (Primary,) Marasmus

Second, (Immediate,) 2 weeks (Life)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, June 22d 1880

J. Ridgway Andrew M. D.
Medical Attendant.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St. Address, No 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 40736

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Jorden

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* 3 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, All Life

Place of Death, {Give street and number} No 158 Dober St.

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) Asthenia

Duration of last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, June 23 1880

Undertaker, Geo. Leimbach

Place of Business, 389 W. Pratt St

Theo. Turnbull M.D.

Medical Attendant.

Address, # 235 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Ahles

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 27 *Years,* 2 *Months,* 4 *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 47 North Wolfe St

Cause of Death First, (Primary,) Typhoid fever.

Second, (Immediate,) ulceration of glands intestinal

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, June 23d '80 Jos C Benziger M. D.
Medical Attendant.

Undertaker, E. M. Franz

Place of Business, 280 Canton ave *Address,* NE Cor Broadway & Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Galagher

Sex, Male or Female, {cross out the word not required in this line.}

Age, 5-5- *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 Years

Place of Death, {Give street and number} 28 Willow St.

Cause of Death, First, (Primary,) Cancer on side of neck

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 22 1880

Undertaker, Burns & Byrne

Place of Business, [illegible] Great St

E. B. Fenby M. D.
Medical Attendant.

Address, 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Ettes

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 8 mo *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 75 Wordyan st

Duration of Residence in the City of Baltimore, V

Place of Death, {Give street and number} 75 Wordyan st

Cause of Death, First, (Primary,) Cholra Infantum

Second, (Immediate,)

Duration of last Sickness, 9 day's

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemitry

Date of Burial, 23 June 1880

H. S. Huck *M. D.*
Medical Attendant.

Undertaker, W. L. Bill

Place of Business, 189 Columbia av *Address,* [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 2 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Albert Dietz

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 16 *Days.*

Color, Black

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} Wilmor Alley above Mosher St

Cause of Death { First, (Primary,) Convulsions
Second, (Immediate,) .....

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemet

Date of Burial, June 22" 1880

Undertaker, F. A. Kercher

Place of Business, 50 S. Carrollton av

Chris Fawcett M. D.
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible].

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 2 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adah — (illegitimate)

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Brown's Woods

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Brown's Woods

Cause of Death, First, (Primary,) Indigestion

Second, (Immediate,) Inanition

Duration of last Sickness, about 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 23. 1890

Undertaker, S. H. Chase & Co

Place of Business, 198 S. Howard

F. Adams M. D.
Medical Attendant.

Address, 256 N Eden ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11974?

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Bridener

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Painter

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 82 N. Fremont St.

Cause of Death, First (Primary,) Unknown - Supposed to be paralysis of heart:

Second (Immediate,) .....

Duration of Last Sickness, Death sudden -

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 23rd 1880

Wm W. Murray M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, N. Eclaw

Address Fayette & Fremont Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 22 1880 BALTIMORE

Date of Death, June 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phillip Sacks

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Painter & Church

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number} 66 & Eutaw Sts

Cause of Death First, (Primary,) Cholera Morbus

Second, (Immediate,) Uremia

Duration of last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Old Bethel Cemetery

Date of Burial, June 24th 1880

Undertaker, W. Rubey

Place of Business, 107 S. Eutaw St

J. Hanson M. D.
Medical Attendant.

Address, 76 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 40744

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. JUN 23 2 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Pappa

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 75 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number} St Thomas Ln

Cause of Death, First, (Primary.) Cancer of Liver

Second, (Immediate.) ~~Dropsy~~ Exhaustion

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents R.C.

Date of Burial, June 23. 1880

Geo. B. Gundry M. D.
Medical Attendant.

Undertaker, M. A. Daigu

Place of Business, 714 S. Broadway *Address,* 43 2 Columbia

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 41745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 12 JUN 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21—1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dandridge Spindle

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Sixty-one *Years,* ..... *Months,* ..... *Days.*

Color, Dark

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} ✓

Occupation, Bricklayer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, About Twenty Years

Place of Death, {Give street and number} No 101 Shields Alley

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Chronic Disease of Lungs

Duration of last Sickness, About Thirteen Months

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 23 1880

Undertaker, G H Chase

Place of Business, No 1 & 3 Howard St

D L Green M. D.
Medical Attendant.

Address, 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22. 80 Hans

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Estelle Hans

Sex, Male or Female, { cross out the word not required in this line. }

Age, — *Years,* 4 *Months,* *Days.*

Color, Blk

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 4 mos

Place of Death, { Give street and number } 270 N Broad S Homes

Cause of Death { First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 2 Wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 23 1880

Undertaker, S W Chase

Place of Business, 16 & 18 Howard St

L L Hamilton M. D.
Medical Attendant.

Address, 34 E

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 92 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Josephine Sanders

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* 9 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single, Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 1 year 9 days

Place of Death, {Give street and number.} 182 Ruby St

Cause of Death, First (Primary,) Premature Birth

Second (Immediate,) Cerebral Congestion

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, June 24th 1880

Wm T. Larkin M. D.
Medical Attendant.

Undertaker, Jos. B Cook

Place of Business No 707 W Baltimore Street *Address* 763 W Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E Dickie

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.} Female

Age, 62 *Years,* + 11 *Months,* + 11 *Days.*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.} Widow

Occupation, Own Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 25 Yrs +

Place of Death, {Give street and number} Lexington 68 ½

Cause of Death, First, (Primary.) Tumor of Leg

Second, (Immediate,)

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetary

Date of Burial, June 24th 1880

J. H. Keefe M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St. *Address,* 28 North Gilmor st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40745

HEALTH DEPARTMENT
JUN 22 1880
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Abel

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 37 Yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 222 Aliceanna St

Cause of Death, First, (Primary,) Chronic Pleurisy

Second, (Immediate,) Exhaustion

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Ft Alfred Cem

Date of Burial, June 24th 1880

Chas J Barker M. D.
Medical Attendant.

Undertaker, M Brown

Place of Business, 280 Canton Av *Address,* 18 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40750

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Goetz

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 11 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 15 Fountain Street

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate.)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Grave

Date of Burial, June 23rd 80

Samuel E. Shaw M. D.
Medical Attendant.

Undertaker, McFrance

Place of Business, 280 Canton Ave *Address,* 68 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07 4k.]

Board of Health, City of Ba

Permit No. 40751

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ~~or sooner~~, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella L Meade

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 9 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 429 Hanover St

Cause of Death, First, (Primary.) Scarlatina

Second, (Immediate.) Acute Bright's disease of Kidneys

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, June 24-1880.

Undertaker, C K Krouse.

Place of Business, 309 Hanover.

Montrose Cook M.D.,
Medical Attendant.

Address, 46 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40752.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Harvey

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 137 Park Avenue

Cause of Death, First, (Primary,) Angina Pectoris

Second, (Immediate,) Exhaustion

Duration of last Sickness, a few minutes

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 24th 1880

Undertaker, H. W. Jenkins Son

Place of Business, 16 Light St.

W. B. Griffith M. D.
Medical Attendant.

Address, 216 ~~N.~~ Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 40753

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rankins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days.*

Color, Col'd

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Child

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 57 Salem St

Cause of Death, First (Primary,) Smoking strong Cigar

Second (Immediate,) Convulsions

Duration of Last Sickness, 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 23rd

Undertaker, Charles A White

Place of Business, 88 Pratt

A Siegesheiter M. D.
Medical Attendant.

Address 11 S. High St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40754

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Wagner

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 19 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 268 Cross St

Cause of Death First, (Primary,) Whooping Cough

Second, (Immediate,) Cerebral Effusion

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 24th 1880

J C Buchs M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 40755

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John I. Etzel Jr.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 2 *Months,* 8 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 12 Wyoming str.

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Hydrops

Duration of last Sickness, one week

All the above Information should be furnished by the Physician.

Place of Burial, Sweet Home

Date of Burial, 23rd June 1880

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St.

John I. Litzen M. D.
Medical Attendant.

Address, 160 Saratoga str.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Lewis

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 9 *Years,* 3 *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} Brewers Burger Shop Gay St

Cause of Death, First (Primary,) Drowning

Second (Immediate,)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery

Date of Burial, 23th June 1880

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann St.

Chas M. Morfit M.D.
Coroner E D
Medical Attendant.

Address, 67 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 40757

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22d 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Josephine Smith

Sex, Male or Female, { cross out the word not required in this line. } female

Age, ____ *Years,* 11 *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } East Baltimore ss 65

Cause of Death, First, (Primary,) Diarrhoea

Second, (Immediate,) Convulsions

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery | Cathedral Cemetery

Date of Burial, June 23 80 | A. E. Preinkert M. D.
Medical Attendant.

Undertaker, Thos Hughes | Thos Hughes

Place of Business, Exeter & Balto | *Address,* 224 West Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Belle Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* — *Months,* 22 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Halifax Co. Va

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and number.} 12 Baker st

Cause of Death, First (Primary,) Consumption of Lungs

Second (Immediate,)

Duration of Last Sickness, 5 Mos

All the above information should be furnished by the Physician.

Place of Burial, Petersburg Va. Chas E Sadler M. D.

Medical Attendant.

Date of Burial,

Undertaker, Wm Ebbenough *Address* 649 Penna Ave

Place of Business, 336 Pennsa Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Trans. 2605.

Board of Health, City of Bal...

Permit No. 40759

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPART... JUN 23 2 1880 BALTIMO...

CERTIFICATE OF DEATH.

Date of Death, June 21 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* ... *Months,* ... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since born

Place of Death, {Give street and number.} 14 E Jefferson St.

Cause of Death, First, (Primary.) Phthisis Pulmonary

Second, (Immediate.) Asthenia

Duration of Last Sickness, Two (2) Years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 23rd 1880

Undertaker, John W. Lusby

Place of Business, 219 S. Wolfe St

G. L. Wilkins M.D.,
Medical Attendant.

Address, 44 So. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 11[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40769

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22d 1880—

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Patten

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ——— *Years,* 9 *Months,* 4 *Days.*

Color, Black—

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ———

Occupation, ———

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } ~~Baltimore~~ New York—

Duration of Residence in the City of Baltimore, Life 7 Days—

Place of Death, { Give street and number } 263 Mc Donough St

Cause of Death, First, (Primary.) Intermittent fever

Second, (Immediate.) Convulsions

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen—

Date of Burial, June 28 80

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga St

J. J. Gross M. D.
Medical Attendant.

Address, 137 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clarence Mellville Simmons

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 8 Months, 22 Days.

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, 8 Mo 22 days

Place of Death, { Give street and number. } 100 William St - Balto Md

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Congestion

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 24th

Undertaker, Chas. Cooke.

Place of Business, W. Baltimore *Address* 763 W Pratt St

Dr. D. L. Larkin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 2 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Johnson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} S. E. Forest Ave near

Cause of Death First, (Primary.) Acute Phthisis

Second, (Immediate.) Exhaustion

Duration of last Sickness, Sattended him 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 23rd 1882

Undertaker, Wm Jas Gray

Place of Business, 66 Mulberry st

W. B. Griffith M. D.
Medical Attendant.

Address, 216 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 10763

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mach

~~*Sex,*~~ *Male or* ~~*Female,*~~ {cross out the word not required in this line.}

Age, 33 *Years,* 11 *Months,* ..... *Days.*

Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Brickmaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 33 yrs 11 mos

Place of Death, {Give street and number} 515 S. Dallas St

Cause of Death, First, (Primary,) Phthisis pulmonalis

Second, (Immediate,)

Duration of last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Albany Cemetery

Date of Burial, June 24 1880

Undertaker, [illegible]

Place of Business, [illegible]

L. N. Martin M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 40764

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 2 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23 June 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isham Hillman

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, one *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } * 107 Sarah Ann St.

Cause of Death, { First, (Primary,) Cholera Infantum / Second, (Immediate,) Marasmus

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Wicklow Cemetery

Date of Burial, 24 June

Undertaker, Peter Simmons

Place of Business, 317 Mulberry St

Died at Residence

Louis Chas Hoen M. D.

Medical Attendant.

Peter Simmons 300 Mulberry

Address, 300 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 40765

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1882 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzie Wildman

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 5 *Years,* 10 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give street and number } 538 N Paca St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate,) Diphth. Paralysis

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, June 23 th.

Undertaker, Jno. Kinnamon

Place of Business, 12 & 317 Mulberry

Jno. F. Kirk M. D.
Medical Attendant.

Address, 55 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40 766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22nd of June 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Falkenhan

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 29 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and number.} * 60 McElderry st.

Cause of Death, First (Primary,) Chronic inflamation of bowels

Second (Immediate,) Exhaustion from Diarrhoea

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, 31. Cath. Forest Cy

Date of Burial, June 24 1880

Undertaker, Henry Meeck

Place of Business, 306 N. Bond st.

E. P. Sons M.D.
Medical Attendant.

Address, * 406 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 40767

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lucy Reynolds

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, ~~3 mos~~ *Years,* 3 years *Months,* *Days.*

Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and number } no 5 Morris Alley

Cause of Death, { First, (Primary.) Gastro-intestinal Inflam.

Second, (Immediate,)

Duration of last Sickness, 2 week

All the above information should be furnished by the Physician.

Place of Burial, Lane Cemetery

Date of Burial, June 23 1880

Undertaker, ~~Mrs~~ Bishop Sr.

Place of Business, 97 Druid Hill Ave.

F. P. Keller M. D.
Medical Attendant.

Address, 85 N. Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. ____

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1880 BALTIMORE

Permit No. 40768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Archer M D

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 60 *Years,* 11 *Months,* ____ *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Dentist & Author

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 77 Franklin St

Cause of Death, First, (Primary,) Embolism

Second, (Immediate,) Senile Gangrene of Right Foot

Duration of last Sickness, Four Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cy

Date of Burial, June 24th

Christopher Johnston M. D.
Medical Attendant.

Undertaker, Edward McCann

Place of Business, 35 Park St *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Ba...

Permit No. 40769

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22 1880 (Virginia)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Virginia

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 7 6 *Years,* 4 *Months,* — *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 Years

Place of Death, {Give street and number.} Bloomingdale

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, June 24th.

Undertaker, B. Hank.

Place of Business, No 411 Light st.

by Theodore Costa **M.D.,**

Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Martin Batchelor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* 9 *Months,* — *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number.} 176 N Fremont St

Cause of Death, First (Primary,) —

Second (Immediate,) Heart Disease

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 24 1880

Undertaker, P. F. Dice

Place of Business, 193 Columbia Av

Alex Smiley M. D.
Medical Attendant.

Address Corner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL

Permit No. 40771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 1892 BALTIMORE

Date of Death, June 22 1890.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wendel Schu

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Sixty Seven *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Baker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty Six Years

Place of Death, {Give street and number} No 107 W. Bethel st

Cause of Death, First, (Primary.) —

Second, (Immediate,) Consumption

Duration of last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 24

Undertaker, John Herwig

Place of Business, 882 Edgar St.

Wm H Cleudinen, M. D.
Medical Attendant.

Address, No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leo Judge

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 1 *Months,* 6 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number.} 118 George st Quarantine

Cause of Death, First (Primary,) ____

Second (Immediate,) ____

Duration of Last Sickness, failing for last 2 or 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, June 23rd 1880

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw st *Address* 47 Edmondson ave

J. C. Gibbons M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40773.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 2 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles. H. Brown

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 14 *Days.*

Color d

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 58½ St Marys St

Cause of Death {First, (Primary.) Asthenia

{Second, (Immediate.)

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, June 23/1880

Undertaker, W. F. Gray

Place of Business, 65 Mulberry

Address, Corner of Howard & Registration

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Joseph V. Smith
Sanitary Inspector

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46774.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 2 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22 1880 Hanes

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Gibson Hanes

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ~~Years,~~ 3 *Months,* 9 *Days.*

Color, White *Sex,* Male

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 445 Macdonough St Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 13 Population St

Cause of Death, { First (Primary,) Cholera Infantum
Second (Immediate,) Congestion Brain

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Alex Smiley M. D.

Date of Burial, June 23d 1880 Medical Attendant.

Undertaker, S. M. Leonard & Son *Address* 386 Druid Hill Ave

Place of Business, 782 W. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully [illegible]

Board of Health, City of Baltimor[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40775

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday June 22 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Teeling

Sex, Male ~~or Female,~~ {cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* [illegible] *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life or since birth

Place of Death, {Give street and number} 17 Hagans alley Court

Cause of Death First, (Primary,) Scarletina Malignus

Second, (Immediate,) Scarletina Malignus

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, June 23. 1880

Undertaker, M. A. Daiji

Place of Business, 74 S. Broadway

J. O'Leary M. D.
Medical Attendant.

Address, 28 O Connell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Physician [illegible] out, to the Undertaker or other person superintending the burial, sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificat[illegible]

#40776 CERTIFICATE OF DEATH.

Date of Death, June 22 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Wel[illegible]

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Male

Age, 1 Years, 7 Months,

Color, [illegible]

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 28 Hillen St

Cause of Death, {First, (Primary.)} Acute Hydrocephalus. (Tubercu

{Second, (Immediate.)} Convulsions. Ephaulin

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Mon. June 23rd 1890

{Undertaker, Charles H. Mish-

{Place of Business, No 35 Granby st

Geo L Reynolds M[illegible]

Address 413 N Calvert

HEALTH DEPARTMENT JUN 1890 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 40777

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 2 2 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June Wednesday June 23 18[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie Lawrence Griffin

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.} Female

Age, _____ *Years,* 10 *Months,* _____ *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, _____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co

Duration of Residence in the City of Baltimore, 2 Month

Place of Death, {Give street and number} 59 Patterson

Cause of Death { First, (Primary,) Dentition
Second, (Immediate,) Colon Infantum

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Hartford County

Date of Burial, June 24th 1880

Undertaker, Henry Lauder

Place of Business, 252 Granton Ave.

J. Pickard M. D.
Medical Attendant.

Address, 280 Dorsett St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Trans, 1819

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40778

HEALTH DEPARTMENT JUN 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Schaap

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 2 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 308 Lancaster St Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 308 " "

Cause of Death, First (Primary,) Lancaster.

Second (Immediate,) " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem. H Martin M. D.

Date of Burial, June 23rd 80 Medical Attendant.

Undertaker, E McFarren *Address*

Place of Business, 280 Canton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Ba...

Permit No. 40779

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalena Lurz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 5 E Lane near So. Patterson Pk.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Asthenia

Duration of Last Sickness, Eight (8) Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem. G. L. Wilkins M.D.,

Date of Burial, June 23 1880 Medical Attendant.

Undertaker, W. Frank

Place of Business, 280 Canton Ave. *Address,* W. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40780

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 2 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. McKee

Sex, Male or Female, { cross out the word not required in this line. } —

Age, 25 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } Balti —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 16 Parkin

Cause of Death, First, (Primary,) Heart disease (possibly Embolism)

Second, (Immediate,)

Duration of last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem'y

Date of Burial, June 24th 1880

Undertaker, [illegible] St Bryan

Place of Business, 59 [illegible]

Edwd F. Michael M. D.
Medical Attendant.

Address, 279 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to the Rules of Discretion

Board of Health, City of Baltimore,

Permit No. 41781

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 2 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Crane

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, White.

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 42 N. Mount St.

Cause of Death {First, (Primary,) Congestion of the Brain.
Second, (Immediate,)

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, June 24th 1880

Undertaker, Jos. B. Cook

Place of Business, No. 704 W. Baltimore Street *Address,* 75 E. Baltimore St.

S. H. Hoeck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE.

Date of Death, June 22d 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Spence G. Suman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, — *Years,* 4 *Months,* 23 *Days.*

Color, White.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} No. 136 N. Hoffman St.

Cause of Death, First (Primary,) Enteritis.

Second (Immediate,)

Duration of Last Sickness, Delicate from Birth - Ill 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 24 1880

Undertaker, Thos J Hughes

Place of Business, 60 E Balto

Jno F Powell M. D.
Medical Attendant.

Address 227 Caroline Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40763

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21 80.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hall

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, — *Years,* one *Months,* 3 *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 102 Chestnut Alley

Cause of Death, { First, (Primary,) Cholera infl. / Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 23, 1880

Undertaker, J. C. Jordan

Place of Business, 65 Dock Line

Louis Le Hoss *M. D.*
Medical Attendant.

Address, 226 Mulberry St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John William Langlotz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ___ *Years,* 2 *Months,* 11 ___ *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number.} 357 West Pratt st

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Asthenia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 24/80

Undertaker, F. Boner

Place of Business, 379 W. Pratt.

F. Edwd Kirby M. D.
Medical Attendant.

Address 24 Columbia Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 21. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Scott

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, *Years,* 2. *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 149 York St

Cause of Death First, (Primary.) Cholera Infantum

Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 23rd

Undertaker, W. H. Perkins Jr & Co

Place of Business, 130 Hanover

W. S. Reese M. D.
Medical Attendant.

Address, 204 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE.

Date of Death, June 22. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Selote

~~Sex,~~ *Male* ~~or Female,~~ {Cross out the word not required in this line.}

Age, 42 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Sailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Goettingen Germany . 32 years

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} No. 1 Madeira Alley

Cause of Death, {First (Primary,) Pulmonary consumption

Second (Immediate,) Apetora

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Fells Point Cemetery

Date of Burial, June 24th 1880

Undertaker, Casper Eckhardt

Place of Business, 269 Canton Ave

J. D. Sinks *M. D.*
Medical Attendant.

Address No. 370 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Balt.

Permit No. 40787

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Dietz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two (2) *Years,* Eight (8) *Months,* ~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~

Occupation, ~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City since birth

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} No 11 Anthony St

Cause of Death, First, (Primary.) Tubercular Meningitis

Second, (Immediate.) Dyspepsia & Malnutrition

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Joseph's Burial Co

Date of Burial, June 25 1880

Undertaker, Henry Hock

Place of Business, 304 N. Eutaw St. *Address,* Same

H. Colburn M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

Board of Health, City of Baltimore,

Permit No. 44788

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Annie Wood,

~~*Sex, Male or*~~ *Female,* { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 15 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } No. 503 Monument St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Lot

Date of Burial, June 24th 1880

Undertaker, Henry Hoeft

Place of Business, 334 Eutaw

J M Chambers M. D.
Medical Attendant.

Address, 222 N Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Balto.

Permit No. 40789

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 23 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hawkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 73 26 Amberg Sh

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 24th 1880.

Undertaker, Adam Weidemeyer

Place of Business, 518 W. Baltimore St.

H Hendrix Co D M.D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aurelia C. Gerting

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 19 *Years,* — *Months,* 2 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} #263 E. Monument St.

Cause of Death First, (Primary,) Typhoid Fever

Second, (Immediate,) Paralysis of heart

Duration of last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, June 24 1880

Geo. A. Hartman M. D.
Medical Attendant.

Undertaker, H. Schultheis

Place of Business, E. Monument St. *Address,* #305 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of [illegible]

Permit No. 40791 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 24th 880 ~~John H. Smith~~

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Josear

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} ~~S. Alley 11th~~ Lancaster 9

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery.

Date of Burial, 25th June 1880

John H. Rehberg M.D.,
Medical Attendant.

Undertaker, Wm Nicolano

Place of Business, 258 Alice Anne str. *Address,* 243 Alice Anne st

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Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Geller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 5 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} Ramsey St. 2d Dawson Alley

Cause of Death, {First (Primary,) / Second (Immediate,)} Typhoid Fever.

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician

Place of Burial, Western Cem.

Date of Burial, June 24th 1880

Undertaker, D. I. Bell

Place of Business, Columbia Ave

Roberts M. Poultney *M. D.*
Medical Attendant.

Address 1126 N.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41793

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rudolph Schmeer

Sex, Male or Female, {cross out the word not required in this line.}

Age, 10 *Years,* 11 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} In the Basin - or Harbor - at the foot - or W from Cross St Wharf -

Cause of Death, First, (Primary,)

Second, (Immediate,) Accidental Drowning

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, June 24 1880

Undertaker, Philipp F. Dill

Place of Business, 183 Columbia Ave

L. A. Reel M. D.

~~Medical Attendant.~~

Coroner

Address, 161 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 40794

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE.

Date of Death, June 23rd 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A Welch

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 20 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 175 Lemmon St.

Cause of Death, First, (Primary,) Whooping Cough

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, June 25th 1880

Undertaker, Andrews & Hodges

Place of Business, No 410 Druid Hill Ave

D. G. Miller M. D.
Medical Attendant.

Address, 8 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 41795

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 80.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kreel

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 27 *Days.*

Color, Whels

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 97 German

Cause of Death, First, (Primary,) Croup.

Second, (Immediate,) Diphtheria

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Comty

Date of Burial, May 25th

Louis Chs Kern M. D.
Medical Attendant.

Undertaker, Harry Bride

Place of Business, Howard 81 *Address,* cor Druid & Dryden ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE.

Date of Death, June 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gracie Moore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* 8 *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the words not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} Fremont st & Harlem ave

Cause of Death, First (Primary,) Entero-Colitis

Second (Immediate,) Asthenia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, June 24 1880

J. E. Gibbons M. D.
Medical Attendant.

Undertaker, F. T. Nannett *Address* 47 Edmondson ave

Place of Business, Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie E. McGahn

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Years, 14 Months, 25 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } # 9 North St

Cause of Death { First, (Primary,) Congestion of Brain

Second, (Immediate,)

Duration of last Sickness, Thirty days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, June 25th 1880

Undertaker, Wm. J. McKeon

Place of Business, 69 S. Eutaw St

B. F. Phillips M. D.
Medical Attendant.

Address, 319 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. And to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 40798 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 23 June 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob De Baer Father

Sex, Male or Female, {Cross out the words not required in this line.} female

Age, ... *Years,* ..... *Months,* 16 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 188 Monument East

Cause of Death, {First (Primary,) ? Chol. infantum. / Second (Immediate,)}

Duration of Last Sickness, 6 Days.

All the above information should be furnished by the Physician.

Place of Burial, Eden St Lying. County

Date of Burial, June 24/80

Undertaker, M. Whitfield

Place of Business, 57 Orleans St.

C H Coffman M.D.
Medical Attendant.

Address, 57 Orleans St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is [illegible] the duty to its Declaration.

Board of Health, City of Baltimore,

Permit No. 40799

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE.

Date of Death, June 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Greenbury Gallaway

Sex, Male or Female, {cross out the word not required in this line.}

Age, 8 & 57 *Years,* 4 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Sailmaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, all life or very many years

Place of Death, {Give street and number} Found floating in Smiths Docks. Res 152 E Pratt

Cause of Death, First, (Primary,) Accidental

Second, (Immediate,) Drowning Jury Verdict

Duration of last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, M. E. B. G. Phila Road

Date of Burial, June 24. 1880

Undertaker, H. A. Saiger

Place of Business, 74 S. Broadway

Edwin R Wacker M. D.
Medical Attendant.

Address, Coroners P D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41800

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd. ½ P. M. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clementine Davis Gray

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 7 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} X X X

Occupation, X X X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 163 Bank

Cause of Death {First, (Primary,) Typhoid Dysentary

{Second, (Immediate,)

Duration of last Sickness, Called on the 17th of June

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 25th 1880

Undertaker, M. A Daigin

Place of Business, 74 S. Broadway

Jno C Donnelly M. D.
Medical Attendant.

Address, 96 E Fairmont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22d, 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Meisen

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, —— *Years,* Eighteen *Months,* Two *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No 504 E Fayette street

Cause of Death, First, (Primary.)

Second, (Immediate,) Convulsions

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 24. 1880

Undertaker, M. A. Dazer

Place of Business, 74 S. Broadway

Wm. H. Cloudiman M. D.
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BOHLAYY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Ba...

Permit No. 40802, *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eddie Lee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* 12 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, One day

Place of Death, {Give street and number.} 196 Vine St

Cause of Death, First, (Primary.) Senticon

Second, (Immediate.) Chol Infantum

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 24th 1880

Undertaker, W. M. Seager

Place of Business, East St

James Steuart M.D.,

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by - I. D. Fitzpatrick

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40803

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edie Downey

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 2 *Years,* 10 *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 19 N. Collington Avenue

Cause of Death, First (Primary,) 1 Pertussis

Second (Immediate,) 2 3

Duration of Last Sickness, 3 Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 27th 1880

Undertaker, Harry Sander

Place of Business, 252 Canton Ave

Chas M. Morfit M.D.
Coroner E. D.
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Miller

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St. Mary's County Md.

Duration of Residence in the City of Baltimore, Seventy one years.

Place of Death, {Give street and number} 161 S. Ann st

Cause of Death { First, (Primary,) / Second, (Immediate,) } Umbilical Hernia (Exomphalos)

Duration of last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 25th 1880

Nicholas L. Dashiell M. D.
Medical Attendant.

Undertaker, Henry Sander

Place of Business, 252 Canton Ave *Address,* 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of B...

Permit No. 41805

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE.

Date of Death, June 23 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Victoria

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 58 James alley

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, June 24th

Undertaker, B. Clark

Place of Business, 411 Light Street

Thos. Condon M.D.,
Medical Attendant.

Address, 146 Hanover St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40806

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23 80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Jackson Slade

Sex, Male or Female, { cross out the word not required in this line. }

Age, — *Years,* 2 *Months,* — *Days.*

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 2 Yrs

Place of Death, { Give street and number } 98 d Howard st

Cause of Death { First, (Primary.) Cholera Infantum

{ Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, June 24th

Undertaker, B. Hanlon

Place of Business, 411 Light street

Wm E Anderson, M. D.
Medical Attendant.

Address, 324 E

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24 - 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Reedy

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 3 mos

Place of Death, {Give street and number} 79 Fort ave.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion & Convulsions

Duration of last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Comty

Date of Burial, June 25

Undertaker, H Brill

Place of Business, 81 Hanover St

Address, B & L Light St

C. H. Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40808

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Willms

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 54 Years, 8 Months, 8 Days.

Color, White

~~Married, Single,~~ Widow ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 112. S. Regester st.

Cause of Death { First, (Primary,) Dysentery Bilious, Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 weeks

All the above Information should be furnished by the Physician.

Place of Burial, St Mathews Cemetery

Date of Burial, June 25 1880

C. L. Buddenbohm M. D.
Medical Attendant.

{ Undertaker, E Cox
{ Place of Business, 84 & 86 Bank st Address, 166. S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 49809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A Atter

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Clk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 96 N Pokpleton St.

Cause of Death {First, (Primary,) Phthisis Pulmon.
Second, (Immediate,) Asthenia

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, 7121 Olivet Cem.

Date of Burial, June 25 /80

Undertaker, Deeney & Mitchell

Place of Business, ~~50 N Fayette~~ *Address,* 114 Park Ave

F. E. Chatard Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN [illegible] 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A Carr

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 37 North St Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 27 North St

Cause of Death First, (Primary,) Laryngitis Tuberculosis

Second, (Immediate,) Entero Cholitis

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 23rd 1880

Undertaker, M Coull Sons

Place of Business, ~~—~~

J. M. Toms M. D.
Medical Attendant,

Address, 18 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 40811

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 23 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Powell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months,* ——— *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 140 Harmony Lane

Cause of Death, First, (Primary.)

Second, (Immediate.) Summer Diarrhoea

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shars St Cem

Date of Burial, June 24th 1880

Undertaker, W. H. Dunge

Place of Business, ———

Thos. H. Buckler M.D.,

~~Medical Attendant.~~

Address, Comm of Health

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examd. V. Fitzpatrick

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isadore Crime

Sex, Male or Female, { cross out the word not required in this line. }

Age, 12 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Dennein Nore France

Duration of Residence in the City of Baltimore, Six Months

Place of Death, { Give street and number } Basin, Upshur Henry St Wharf

Cause of Death { First, (Primary,) Accidental drowning

Second, (Immediate,) "

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, June 23rd 80

Undertaker, C F Krause

Place of Business,

Sgt Beer M. D.

Medical Attendant.

Coroner

Address, 161 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40813

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23 80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Kane

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 402 Hanover

Cause of Death, First, (Primary,) Malnutrition

Second, (Immediate,) Marasmus

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, June 24th 1880

Undertaker, C.P. Krause

Place of Business,

Address,

L. Dillman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Thomas Norton

Sex, Male or Female, { cross out the word not required in this line. }

Age, 1 *Years,* — *Months,* — *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Natives

Place of Death, { Give street and number } 47 Bridle Alley

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Spasms

Duration of last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, June 24th 1880

Undertaker, [illegible]

Place of Business, [illegible]

M. Antrim M. D.
Medical Attendant.

Address, 197 Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 24 1887 BALTIMORE

Permit No. 40815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22 nd.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Brayton

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ... *Days.*

Color, colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 150 S. Eutaw St.

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 24 1887

Undertaker, Wm F Bishop Jr.

Place of Business, 97 Druid Hill Ave.

R. M. Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 40816

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Robinson

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 4 E *Years,* 5 *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Essex Co Virginia

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give street and number} # 11 Reese Alley

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) " "

Duration of last Sickness, About 10 months.

All the above information should be furnished by the Physician.

Place of Burial Hugh McCamley

Date of Burial, June 24 1880

S. A. Ball M. D.

Medical Attendant.

Undertaker, W. W. Chase

Place of Business, 16 1/2 S Howard St *Address,* 161 Stuart St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER)

No. 4[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 24 1880 BALTIMORE

Permit No. 4[illegible]817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday 21 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Harden

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} Wash'r Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 3 Aunty St. Court

Cause of Death {First, (Primary,) Pulmonary Phthisis

Second, (Immediate,) 2 hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, June 24 1880

Undertaker, Samuel H. Chase

Place of Business, 190 E. Howard St

R. Ward M. D.
Medical Attendent.

Address, 552 W. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40818

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 2 1889 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24/89

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa M. Bergner

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} Female

Age, —— *Years,* 1 *Months,* 12 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Nurse

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 195 Pierpont St

Cause of Death, First (Primary,) Aphthae

Second (Immediate,) Entero — Colitis.

Duration of Last Sickness, I treated the case 1 day.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 24, 1889

Undertaker, Peter Kramer

Place of Business, 317 Mulberry

H. K. Fetterhoff M.D.
Medical Attendant.

Address, 205 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Amanda Mayo

Sex, Male or Female, {cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 497 Harford Ave

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 497 Harford Ave

Cause of Death First, (Primary,) Chronic Diarrhoea

Second, (Immediate,)

Duration of last Sickness, about 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 25th 1880

Undertaker, Wm. F. Hickman

Place of Business, 234 N. Gay st

M. B. Billingslea M. D.
Medical Attendant.

Address, Harford Ave & Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40820

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 2 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Sauer

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 9 *Years,* 3 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } Patapsco River ~~Foot~~ Foot Winans Wharf.

Cause of Death { First, (Primary,) Accidentally drowned - while Second, (Immediate,) Bathing

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 25th

Dr. J. Beers M. D.
Medical Attendant.

Undertaker, Henry Breier

Place of Business, Henrietta 81

Coroner

Address, 161 Stump St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 40821

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 24 2 1880 BALTIMORE

Date of Death, June 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Dugan

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Labor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, all 19 years

Place of Death, {Give street and number} Basin foot of Hollingsworth St. Res. 27 Wolfe

Cause of Death {First, (Primary,) Accidental

{Second, (Immediate,) Drowning

Duration of last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial June 25th 1880

{*Undertaker,* Leo F Byrne

{*Place of Business,* 63 Hunt St

Edmund F Walker M. D.
Medical Attendant.

Address, Comm Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40822

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 2 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 5 55 A.M. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Budke

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 63 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, XXX

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 43 Years

Place of Death, {Give street and number} 295 E. Baltimore St.

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) .....

Duration of last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, N. Calvert & Lexington

Date of Burial, June 26th 1880

Undertaker, Henry Snyder

Place of Business, 252 Fulton Ave

Simeon E. Donnelle M. D.
Medical Attendant.

Address, 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Call Special Attention of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40823

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle Marsden Dabney

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 17 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 154 N Eutaw underlining dist

Cause of Death, First, (Primary,) Diarrhea

Second, (Immediate,)

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 24th 1880

Undertaker, Chas T Scriven

Place of Business, 219 Eutaw St

C Winslow M. D.
Medical Attendant.

Address, 23 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 2 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 23rd day of June 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James W. Yeager

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 5 *Months,* *Days.*

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} ~~E. London Co. Md.~~ Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} E. Lombard St. No. 241

Cause of Death, First (Primary,) Chronic Croup.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, June 24th

Ferd. Hess, M. D.
Medical Attendant.

Undertaker, Wendel Dippel

Place of Business, S. Bond St. 151 *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40825

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margret Ann Pennick

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* Three *Months,* ——— *Days.*

Color, Mulatto

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 85 Gravel alley

Cause of Death, First (Primary,) ———

Second (Immediate,) Diarrhea

Duration of Last Sickness, Two days - when seen by me was in a dying condition

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 25 1880

Undertaker, H M Chase

Place of Business No 198 Howard St

J. J. Ward M. D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24 — 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hollingshead

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Mariner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 36 yrs.

Place of Death, {Give street and number} 162 Hughes st.

Cause of Death First, (Primary,) Acute Tuberculosis

Second, (Immediate,)

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mount. Olivet Cemetery

Date of Burial, June 26, '80.

Undertaker, B. Hart

Place of Business, 411 Light Street.

R. A. Ellis M. D.
Medical Attendant.

Address, 313 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN. 25 1880 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Wilson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, [illegible] *Years,* 11 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} [illegible]

Cause of Death, First, (Primary.) [illegible]

Second, (Immediate,) [illegible]

Duration of last Sickness, Died [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 26th 1880

Undertaker, Denny & Mitchell

Place of Business, 62 S. Broadway

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40828

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Kalmon

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 22. *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 18 Point Lane

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 18 Point Lane

Cause of Death First, (Primary,) Laryngitis

Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem'y

Date of Burial, June 26, 1880

Undertaker, Henry Hoen

Place of Business, 30 Central Ave

M. B. Billingslea, M. D.
Medical Attendant.

Address, Hilton Ave & Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ... forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per ...deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of B...

Permit No. 411829

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Bell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 64 St Mary's St

Cause of Death, First, (Primary.) Mal Nutrition

Second, (Immediate.) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Mary's St. Cemty

Date of Burial, June 25th 1880

James A Steuart M.D.,

Undertaker, Wm Das Gray

Place of Business, Mulberry St *Address,* Comm of Health Physician

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Geo E. Brown

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Stewart

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 2 5 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 9 years.

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) pthisis
Second, (Immediate,) asthenia

Duration of last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, June 25th 1880

H. B. Judge M. D.
Medical Attendant.

Undertaker, Wm Williams Stewart

Place of Business, 350 Saratoga St *Address,* City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40831

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Quinton Welsh Ratcliffe

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* *Days.*

Color, White ~~Sex,~~

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Clerk.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 534 Lexington St

Cause of Death, First (Primary,) Asthenomania of Second

Second (Immediate,) Dimentia

Duration of Last Sickness, In bed nearly 5 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon P. C.

Date of Burial, June 25 1880

Undertaker, J. T. Blackistone

Place of Business, 606 Buchanan

Jno. G. Jay M. D.
Medical Attendant.

Address Park and Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora Queen

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, [illegible] *Years,* 3 *Months,* *Days.*

Color, Col *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Booth St No 12 Balt.

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} No 12 Booth St

Cause of Death, First (Primary,)

Second (Immediate,) Marasmus

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shorpe Street Cemetery

Date of Burial, June 25 1880

J B Leland M. D.
Medical Attendant.

Undertaker, William N Burge

Place of Business, No 62 East Street *Address* 616 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 40833 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Trashein

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* six *Months,* 24 *Days.*

Color, white *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

~~*Duration of Residence in the City of Baltimore,*~~

Place of Death, {Give street and number.} Sharp-str. No 145.

Cause of Death, First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore. Com.

Date of Burial, June 25th. 1880.

Undertaker, Julius. Kochler.

Place of Business, Sharp & Cross.

Adolph Boehm, M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 40834

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Barbara Wise

~~Male~~ *Female,* {cross out the word not required in this line.} Female

Age, ~~ Years, 4 Months, 3 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~

Occupation, ~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} #175 Stirling St

Cause of Death First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Eclampsia

Duration of last Sickness, about 2 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 26 1880

Undertaker, W H Hockman

Place of Business, N. Gay St

Geo. A. Hartman M. D.
Medical Attendant.

Address, #305 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of B...

Permit No. 411835

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie Unger

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — *Years,* 3 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 2 Lulworth St

Cause of Death, First, (Primary.) Artificial Food

Second, (Immediate.) Summer Diarrhea

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'y

Date of Burial, June 27 80

Undertaker, H Brieler

Place of Business, Fennitter 81

Gordon Gitt, M.D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet West

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* F

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 230 N Eutaw st Balti

Cause of Death, First (Primary,) Senile decay

Second (Immediate,) Paralysis

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Westminster yard

Date of Burial, June 26 - 1880

James H Steuart M. D.
Medical Attendant.

Undertaker, Geo W Spence

Place of Business, 195 N Eutaw st *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24 June 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Christian Newton
Lewis Howard Newton } Parent
Mary Francis Newton }

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* Three hours *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 38 S Carrollton ave

Cause of Death, First, (Primary,) Imperfect Circulation [illegible]
Second, (Immediate,)

Duration of last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cem.

Date of Burial, June 25 1880

[illegible] M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 704 W. Balto St *Address,* # 504 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Use of Disinfectants.

Board of Health, City of Baltimore,

Permit No. 44838

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Perkins.

Sex, Male or Female, {cross out the word not required in this line.} Female -

Age, 60 *Years,* ..... *Months,* ..... *Days.*

Color, White -

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Hampshire " "

Duration of Residence in the City of Baltimore, Forty three years -

Place of Death, {Give street and number} 669 W Lombard St -

Cause of Death First, (Primary,) Softening of Brain

Second, (Immediate,) " "

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, June 26th 1880

W E Riguelin M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St

Address Mc Fayette & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...e Special Attention of ...

Board of Health, City of Baltimore,

Permit No. 40889

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUN 25 1880 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, June 24 '80.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella S. Phillips

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 38 *Years,* — *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housework

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Alexandria Va.

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number.} No. 7 Bruce St.

Cause of Death, First (Primary,) Bright's Disease

Second (Immediate,) Convulsions

Duration of Last Sickness, About Six Months

All the above information should be furnished by the Physician.

Place of Burial, Lounden Park Cem.

Date of Burial, June 26' 1880

Undertaker, J. B. Cook

Place of Business, 709 W. Baltimore St

H. K. Fetterhoff M.D.
Medical Attendant.

Address, 205 W. Biddle st

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 40840

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane Kelly

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bay View Asylum

Duration of Residence in the ~~City of Baltimore~~, Institution 4 weeks

Place of Death, { Give street and number } St Vincents Infant Asylum

Cause of Death { First, (Primary,) Marasmus

Second, (Immediate,) Spasm

Duration of last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 25. 1880

Undertaker, Dr Brannigan

Place of Business, 153 Division St.

Martin Brown M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 2 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24 - 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Wilson Wright

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ____ *Years,* Six *Months,* Fourteen *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No 259 Jefferson St.

Cause of Death, First, (Primary.) ____ Second, (Immediate.) Cholera Infantum

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 25th 80

Wm H Clendinen, M. D.
Medical Attendant.

Undertaker, Ly & Bro

Place of Business, 34 & Broadway *Address,* No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 60842

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Blanche Smith

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 5 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 260 E Fayette St

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate.) Convulsions

Duration of last Sickness, Indefinite

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, June 25th 1880 D W Cathell M. D.

Medical Attendant.

Undertaker, Foy & Zev

Place of Business 34 N Broadway *Address,* 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[0744.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40843

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dotterweich

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, House Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany (35 yrs in Balto

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and number} Franklin Hospital

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, ~~Greenmount~~ Loudon Park

Date of Burial, June 27 1880

Undertaker, H. Schnelbach

Place of Business,

Oscar J. Cokery M. D.
Medical Attendant.

Address, 180 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 40844

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A. Engelking

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* one *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 145 N. Chapel Street

Cause of Death, {First (Primary,) / Second (Immediate,)} Entero Colitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 26th 1880.

J. E. Whiteford M. D.
Medical Attendant.

Undertaker, H. Hofmann

Place of Business, 63. N. Eden St.

Address 195 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. ____

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

Permit No. 40845

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elnora Fitting

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Twenty five *Years,* Eleven *Months,* Twenty two *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Penna.

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and number} 18 N Calhoun St

Cause of Death, First, (Primary,) Typhoid Fever 4

Second, (Immediate,)

Duration of last Sickness, Fourteen days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, June 27th 1880

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 1534 W Lexington St.

J. L. Smithiam M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[STAT.]

Board of Health, City of Ba

Permit No. 40846

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Roach

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 413. S. Wolfe St

Cause of Death, First, (Primary.)

Second, (Immediate.) Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 24th 1880

James H. Chew M.D.,

~~Medical Attendant.~~

Undertaker, M. A. Laeyer

Place of Business, Broadway

Address, Comm. of Health

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Geo E. Taylor

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridie Wagner

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* 6 *Months,* 30 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and number} # 17 Rush Alley

Cause of Death { First, (Primary,) Scarlatina

Second, (Immediate,) Acute Paralysis

Duration of last Sickness, 2½ days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 26th June

Undertaker, Julius Koepler

Place of Business, 360 S. Sharpe st

J. H. Branham M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the [illegible]uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to [illegible]rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set[illegible]ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per[illegible]on deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Att[illegible] of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40828

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT JUN 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday June 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} (Infant) John Wm. & Amanda Coyne

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, + *Years,* + *Months,* 19 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No. 77 King St.

Cause of Death { First, (Primary,) } = Inanition - from failure of mother
{ Second, (Immediate,) } - to supply proper nourishment

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemetery

Date of Burial, June 25th 1880

Undertaker, F. A. Kerchner

Place of Business,

T. E. Wade M. D.
Medical Attendant.

Address, University Hospital Lombard [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL S[illegible].

Permit No. 40849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Chiesley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 1 *Months,* 14 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 61 Thames St.

Cause of Death, First (Primary,) Secondary Syphilis

~~Second~~ (Immediate,) Marasmus

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St Michael Cemetery

Date of Burial, 26 June 1880

Undertaker, John R. Leach

Place of Business, 265 Aliceanna

C. H. Sullivan M. D.
Medical Attendant.

Address 116 Thames St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40850

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1890 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~24th~~ 25th June 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Ecking

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 27 *Years,* *Months,* 7 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cigarmaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give street and number} Corfs street No 178

Cause of Death, First, (Primary.) Necrosis ossium pelvis (7 years)

Second, (Immediate.) Degeneratio renum et arteriarum

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 26th June 1890

Undertaker, ~~Fuller~~ Keller

Place of Business, E. Corfs & Sharp Sts

William Hensel M. D.
Medical Attendant.

Address, S. Wolfe & Fr.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

Permit No. 40857

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 22 1880 BALTIMORE.

Date of Death, June 24 — 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Rich

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 14. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, —— ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 192 Hollins St

Cause of Death, First, (Primary.)

Second, (Immediate.) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June. 1880.

Undertaker, J. T. Brook.

Place of Business, W. Balto St

James Thomas M.D.,
Medical Attendant.

Address, Comm'r of Health
Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Ed " 4 Jno E Duncan

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 23d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* Four *Months,* Twelve *Days.*

Color, Mulatto *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 6 Shields Alley.

Duration of Residence in the City of Baltimore, Eighteen weeks

Place of Death, {Give street and number.} No. 6 Shields al.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 25. 1880

Undertaker, John C Jordan

Place of Business, No 68. Pratt

F. B. Gardner M. D.
Medical Attendant.

Address 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Hall

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* — *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 63 Prestman St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 1 Wk

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 28 - 1881

Chas E Sadtler M. D.
Medical Attendant.

Undertaker, John C. Jordan

Place of Business, No 63 Prestman *Address* 649 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 40857

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 26 2
1880
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lou Robbins

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 9 *Months,* ..... *Days.*

Color, Negress

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, 21 months

Place of Death, {Give street and number.} 55 Davis St

Cause of Death, {First (Primary,) Tuberculosis
Second (Immediate,) Tuberculous Meningitis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, June 25

Undertaker, Charles A. White

Place of Business, 55 Bramby St

Address 31 N Calvert St Baltimore Md.

Edward [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Balti...

Permit No. 40855

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June. 23 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora. J Bowers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 11 *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 293. Raborg St

Cause of Death, First, (Primary.) Spasms.

Second, (Immediate.) Convulsions

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, June 25th 1880

Undertaker, W. H. Burgey

Place of Business, East St

Thomas A Steiner M.D.,

Medical Attendant.

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Ent. by Jno E Dunning

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 40856

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 12 1890 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 24 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Schofield

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Sixty-six *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, House-Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia - Md

Duration of Residence in the City of Baltimore, About Twenty-four Years

Place of Death, {Give street and number} No 634 N Baltimore St

Cause of Death, {First, (Primary.) Cancer of Uterus

{Second, (Immediate.)

Duration of last Sickness, About four years

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, June 26th 1890

Undertaker, Jas. L. Cook

Place of Business, No 707 W Baltimore street

D. L. Rodman M. D.
Medical Attendant.

Address, 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Balt...

Permit No. 40857

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 25 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rachael A. Mitchell

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, ... *Years,* 9 *6 Months,* ..... *Days.*

Color; Colored,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } Caroline & Jefferson Sts.

Cause of Death, First, (Primary.) Congestion

Second, (Immediate.) Exhaustion

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 26th.

Undertaker, Theodore J. Lopp

Place of Business, 73 Jefferson St.

G. G. Leech M.D.,
Medical Attendant.

Address, Balt. Thos. Co.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 40838

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 40838

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James McGahan

Sex, Male or Female, {cross out the word not required in this line.}

Age, 13 *Years,* ____ *Months,* ____ *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Galway (Ireland)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Cor. John and Valley Sts

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Consomption

Duration of last Sickness, a few months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, June 26th 1880

Wm. Brooke Boyle M. D.
Medical Attendant.

Undertaker, James P Byrne

Place of Business, No 63 N Front *Address,* 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BULLETT & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully solicited

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40859

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Wesley Reed

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 4 *Days.*

Color, ed

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} East rear of No 57

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Convulsions

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 25 1880

Undertaker, Chesman Haywood

Place of Business, 20 Saratoga St

E. E. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40860

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar M Morris

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ... 4 *Months,* ... 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 296 Mulberry St

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 25 1880

Undertaker, Matthew Corrigan

Place of Business, 222 Mulberry St

James Doran M. D.
Medical Attendant.

Address, 319 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 49861

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 1880 BALTIMORE.

Date of Death, June 25th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Ruhr

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 78 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single,~~ *Widow or* ~~Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Washington

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and number } 90 N. Holliday

Cause of Death { First, (Primary,) } { Second, (Immediate,) } Dysentery

Duration of last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, [redacted] cemetery

Date of Burial, June 26 1880

Undertaker, Jos. H. Cook

Place of Business, No 702 W Baltimore Street

W. K. Nuckols M. D.
Medical Attendant.

Address, 582 E. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[redacted]

[OVER.]

No. 1104

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41862

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 2 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Burrows

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 8 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No 131 N. Eden Alley

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 27th 1880

Undertaker, Benny & Mitchell

Place of Business, 65 S Broadway

J. [illegible] M. D.
Medical Attendant.

Address, 244 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 40863

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25 - 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Maria Kessler

Sex, ~~Male~~ *Female,* { cross out the word not required in this line. } —

Age, 2 *Years,* 8 *Months,* 26 *Days.*

Color, W —

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 18 Dover St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) asthenia and apnea

Duration of last Sickness, 5 or 6 ds —

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, 26 June

C. C. McDowell M. D.
Medical Attendant.

Undertaker, J. P. Faulus

Place of Business, 66 Frederick Ave *Address,* 642 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4118 64

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minerva Porter

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 56 *Years,* 6 *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, House Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 197 Dolphin

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Organic Disease Heart

Duration of last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 26th June 1880

Undertaker, H. W. Dukins Son

Place of Business, 16 Light St.

S. S. Miller M. D.
Medical Attendant.

Address, 89 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40865

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25th June 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jemima Dover

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* Twenty-five *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} # 67 Columbia ave.

Cause of Death, First, (Primary,) "Cholera Infantum"

Second, (Immediate,) Convulsions

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 26th June 1880

J. H. Smith M. D.
Medical Attendant.

Undertaker, J. H. Cook

Place of Business, 707 W. Balto St *Address,* # 584 W. Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 41866

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Christian~~ Aaron Herman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 67 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Shirtmaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 years.

Place of Death, {Give street and number} 195 E Monument St

Cause of Death First, (Primary,) Cancer of the Bladder

Second, (Immediate,) Dysentery

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Hebrew Cemetery

Date of Burial, June 27th 1880 Wm B Arnold M. D.
Medical Attendant.

Undertaker, Wm Glew

Place of Business, 101 Gough St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40867

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Biddle

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 15 *Years,* — *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} B+O R.R. intersection, Ohio Ave - & York St.

Cause of Death, First, (Primary.) Run over by Engine No - 318 (at the York St Cross-

Second, (Immediate.) ing of the Baltimore & Ohio rail road -

according to the Verdict of the Jury - of Inquest -

Duration of last Sickness, Died about 20 Minutes after injury.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 27 1880

Undertaker, J. Tichnor

Place of Business, 60 E Eutaw St

Sat Bell M. D.

~~Medical Attendant~~ Coroner, S. Dist

Address, 161 Stuart St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Donovan

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 32 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Whole lifetime.

Place of Death, {Give street and number} 198 E Fayette st

Cause of Death, First, (Primary,) Dysentery

Second, (Immediate,) ____

Duration of last Sickness, About five days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 26th 1880

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

D W Cathell M. D.
Medical Attendant.

Address, 2 W Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Parker

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 14 Eddis Ct

Cause of Death First, (Primary.) Convulsions

Second, (Immediate,) Cerebritis

Duration of last Sickness, 1

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 26

Undertaker, G K Perkins Jr & Co

Place of Business, 130 Hanover St

U. S. Kreps M. D.
Medical Attendant.

Address, 20 of Shark St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40870

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 26 1880 BALTIMORE

Date of Death, June 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Gad

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 2m (0) *Months,* 0W 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, [illegible]

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} Sterritt alley

Cause of Death First, (Primary.) Cholera Infantum

Second, (Immediate.) Convulsions

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, June 26th 1880

Undertaker, S. Wiegand

Place of Business, 166 Druid Hill Ave

Jno S Clark M. D.
Medical Attendant.

Address, 168 Pacca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Fitzpatrick

Sex, Male or Female, {cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 165 Dover

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Ce.

Date of Burial, June 26th 1880

Undertaker, John Thacher

Place of Business, No 150 Eastern Ave

Edwd F. Mechlin M. D.
Medical Attendant.

Address, 279 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Rosmann

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 5 Months, 18 Days.

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } S. E. Cor Pratt & Exeter

Cause of Death, { First (Primary,) Cholera Infantum

Second (Immediate,) One Week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patrs Cemty

Date of Burial, June 26th 1880.

H E Foaks **M. D.**
Medical Attendant.

Undertaker, H. Hofmann

Place of Business, 63 N. Eden St. *Address* 241 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 110

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40873

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Myers

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 7 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 5 S. Castle Street

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) ____

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Mathias Cem.

Date of Burial, June 26th 1880

James F. Shaw M. D.
Medical Attendant.

Undertaker, H. Hofmeyer

Place of Business, 63 N. Eden St. *Address,* 61 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 4

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4118 74

HEALTH DEPARTMENT JUN 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *securely filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David B Shirkell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 11 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No. 482 Eastern Ave

Cause of Death, First, (Primary.)

Second, (Intmediate,) Cholera Infantum

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 26 1880

Undertaker, M. V. Daugherty

Place of Business, 744 S. Broadway

J. H. Collins M. D.
Medical Attendant.

Address, 944 E. Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 2 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 11,15 o'clock A.M. June 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William John Teeling

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 Years, 5 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 17 Hagans Court

Cause of Death { First, (Primary,) Scarlet Fever
Second, (Immediate,) Colora Morbus Convulsions
Cause by gases from Scroundings Sinks & Stables

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery

Date of Burial, June 26, 1880

{ Undertaker, M. A. Dargen
Place of Business, 74 S. Broadway

J. E. Pickard M. D.
Medical Attendant.

Address, 280 Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Albert Henry Hartzell

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* 19 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } 8 Baker St

Cause of Death, { First (Primary,) Cholera infantum —
Second (Immediate,) —

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Govans town Md

Date of Burial, June 26 1880

Undertaker, I. E. Hough

Place of Business, Penn^a ave

Chas E Sadtler M. D.
Medical Attendant.

Address 649 Penna ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Ba...

Permit No. 40877

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Doscher

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 16 Willow St

Cause of Death, First, (Primary.) Senility

Second, (Immediate.) Marasmus

Duration of Last Sickness, — — —

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, June 12th 4 o'clock

Undertaker, H. Shulthis for H. & S.

Place of Business, 261 E. Monument st.

H. Selan M.D.,
Medical Attendant.

Address, S.E. Cor Eutaw & Lanvale sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Ba...

Permit No. 40878

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 26 2 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Elliott

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 4 1/2 hours *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 228 E Eager between

Cause of Death, First, (Primary) Hemorrhage from umbilical Cord

Second, (Immediate.) .....

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Wm Aphrasia Cem

Date of Burial, June 26, 1880

Undertaker, Henry Hoen

Place of Business, 309 Central Ave

Apl Eve & June 25th

Thos Flynn M.D.,

Medical Attendant.

Address, 230 E Eager

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1882 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25 th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hubert Baalke

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ... Years, 7 Months, ... Days.

Color, white

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 2 Walker st

Cause of Death { First, (Primary,) Cholera infantum
Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, June 27 1880

Undertaker, Henry Flouth

Place of Business, 309 Eastern Av

W. G. Daniel, M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 40880 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 2 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary & Alphonse Close Parents

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1/12 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 24 N. Wolfe St V

Cause of Death, First, (Primary.)

Second, (Immediate.) Convulsions

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 26 1880

Undertaker, M. France

Place of Business,

James H Lemmon M.D.,

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by G. E. Taylor

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 5252 1330 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter E. Reed

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation, Clerk -

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, All 20 yrs.

Place of Death, {Give street and number} 193 Mulberry St

Cause of Death, First, (Primary.) Neuralgia from Wound received in War

Second, (Immediate,) Exhaustion -

Duration of last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, June 28th 1880

Jarvis Patterson M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 704 N. Baltimore St *Address,* 49 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 10882

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40882

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1882 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Latrobe Bramley

Sex, Male or Female, {cross out the word not required in this line.} —

Age, — *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 276 German

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, One Month sickly (death Sudden)

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem.

Date of Burial, June 27/882 Chas. F. Nicholas M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707. W. Balto St. *Address,* 279 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 411883 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 26 2 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Lane

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Somerset Co. Md. Twenty yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 304 ~~Aisquith~~ E. Fayette St

Cause of Death, First, (Primary.) Parturition (Shoulder Pres.

Second, (Immediate.) Extraction

Duration of Last Sickness, One day, V

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 27 1880

Undertaker, Charles White

Place of Business, 835 ~~Aisquith~~ *Address,* Balt. & Hanover

G. A. Luck M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Phy... This Permit must, in all Cases, accompany ... the body to its Destination. ...ers on back of this Certi...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1880 BALTIMORE.

Permit No. 40884.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, June 23 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Sanders

Sex, Male or Female, {cross out the word not required in this line.}

Age, 21 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow... {Cross out the word not ...}

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maine

Duration of Residence in the City of Baltimore, 3 1/2 months

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Phthisis Pulmonum
, Second, (Immediate,) Phthisis
3 1/2 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery St. Paul's

Date of Burial, June 25/80

Undertaker, F. A. Kershner

Place of Business, 50 Hamilton Ave

J. H. Wells M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Myra Walker

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 9 mos

Place of Death, {Give street and number} 181 N. Royal Ave

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,) Exhaustion & Diarrhoea

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, W. & P. Cemetery

Date of Burial, June 25/80

Undertaker, F. A. Kerchner

Place of Business, 50 Carrollton Ave

Edmund R. Walker *M. D.*
Medical Attendant.

Address, 183 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 1880 BALTIMORE

Permit No. 40886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1880

Full Name of ~~Deceased~~, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Blischaim

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} not known

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 1 Week

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Typhoid Fever
Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 Week

All the above information should be furnished by the Physician.

Place of Burial, West Public Cemetery

Date of Burial, June 26/80

Undertaker, F A Kershner

Place of Business, 50 Harrellton Ave

A Weck M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 26 1880 BALTIMORE.

Date of Death, June 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Spencer

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, One *Years,* & Seven *Months,* *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 8 Morris Alley

Cause of Death { First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Convulsions

Duration of last Sickness, About four Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, June 26th 1880

{ *Undertaker,* Chas T Scriven

{ *Place of Business,* 271 N Eutaw St

Eldridge C Price M. D.
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four houre* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28 1889

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Dordy

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 3 Days

Place of Death, {Give street and number} University Hospital

Cause of Death First, (Primary,) Pericarditis Endocarditis X.

Second, (Immediate,) Apnoea Congestion of Lungs

Duration of last Sickness, Two Week

All the above information should be furnished by the Physician.

Place of Burial, Wes Pub Cemetery

Date of Burial, June 29/89

Undertaker, F A Fahner

Place of Business, 50 Hamilton Ave

F WEST M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 40889

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 24 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Ehlers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Grocery Store Keeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 44 Years

Place of Death, {Give street and number.} 378 Light St

Cause of Death, First, (Primary.) Excessive heat

Second, (Immediate.) Apoplexy

Duration of Last Sickness, 3 hours

V

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 27th 1880

Andrew Cook M.D.,
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 363 Light St *Address,* 246 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 12890

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Brent Rittenhouse

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 6 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 6 Warren Av

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, 23 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, June 26th 1880

H. B. Noble M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light St *Address,* 17 Warren Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25 June 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Morgan

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 10 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Michigan — 3 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 114 Hanover-st

Cause of Death {First, (Primary,) Typhoid Fever

Second, (Immediate,) 9 weeks-

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, June 27, 1880

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

E. W. Janney — M. D.
Medical Attendant.

Address, Boston & Fleet Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below [illegible] of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace E. Bennett

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, V

Place of Death, {Give street and number} 136 N. Dallas St.

Cause of Death First, (Primary,) Hydrocephalus

Second, (Immediate,)

Duration of last Sickness, 8½ Mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 28th 1880

Undertaker, Theo Locke

Place of Business, 13 Jefferson St

E. B. Fenby M. D.
Medical Attendant.

Address, 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 40893 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Coman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 26 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 76. Moore's alley

Cause of Death, First, (Primary.) Mal nutrition

Second, (Immediate.) Inanition

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemet'y

Date of Burial, June 26 1880

James H Steuart M.D., Medical Attendant

Undertaker, F. A. Kerchner

Place of Business, ———

Address, Comm'd Health + Reynolds

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by J. E. Scott [illegible]

Board of Health, City of Baltimore,

Permit No. 40894

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPART JUN 25 2 1880 BALTIMOR

CERTIFICATE OF DEATH.

Date of Death, June 24 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Mc Elroe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, W. hite

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 256 S. Amity St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Asthenia

Duration of Last Sickness, Two (2) Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsis Cmty

Date of Burial, June 26th

Undertaker, H. Frechlich

Place of Business, 241 Eastern Av

L. L. Gilliss M.D.,
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25-1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Geyer

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 5 5 *Years,* *Months,* *Days.*

Color, White

HEALTH DEPARTMENT JUN 1880 BALTIMORE

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 178 N Front

Cause of Death, First, (Primary.) Rheumatism, Hydrothoracicardium

Second, (Immediate.) Dropsy, Exhaustion

Duration of last Sickness, 11 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 27 1880

Geo B Reynolds M. D.
Medical Attendant.

Undertaker, James L Burns

Place of Business, No 63 N Front St *Address,* 43 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 22 1880 BALTIMORE

Date of Death, June 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Mills

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* 1 *Months,* 22 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Gilder,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} 233 N. Howard St

Cause of Death, First (Primary,) Consumption

Second (Immediate,) Hemmorhage of Lungs

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery Judson Gilman M. D.

Date of Burial, June 27, 1880 Medical Attendant.

Undertaker, J. B. Blackiston Son *Address* 172 Saratoga St.

Place of Business, 606 Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 28 2 1880 BALTIMORE

Date of Death, June 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. Alfred Smith

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 0 *Years,* 5 *Months,* 0 *Days.*

Color, Light brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Five Months

Place of Death, {Give street and number} No 4 L Pine at Dentition

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 25 1880

Undertaker, H. W. Chase

Place of Business, 98 Howard st

B. F. Bohrer M. D.
Medical Attendant.

Address, Cor Dolphin & Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 170

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Stürmer

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Coal Sawyer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} St. Josephs Hospital

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, H. Bethlehem Cem

Date of Burial, June 26

Undertaker, W. Diffel

Place of Business, 1. Bond st. 151

Oscar J. Cokery M. D.
Medical Attendant.

Address, 188 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

DEPARTMENT JUN 1880 BALTIMORE

Date of Death, June 25 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William B. Weaver

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Md

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give street and number.} 270. Franklin St

Cause of Death, First (Primary,) ....

Second (Immediate,) Typhoid Fever

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, June 27th 1880

Undertaker, Bos & Cook

Place of Business, No 707 N Baltimore st

W. J. Yellowley M. D.
Medical Attendant.

Address 616 W Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 110900

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry Dennis

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days*

Color, Colord

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, X

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, all time

Place of Death, {Give street and number.} No 44 McElderry St

Cause of Death, First (Primary,) Inflammation of Bowels

Second (Immediate,) Enteritis

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Lauel County

Date of Burial, June 27

Undertaker, Thos F Locke

Place of Business, 73 Jefferson

J H Brent M.D.

Medical Attendant.

Address, No 36 Louis St

Baltimore Md

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 40901

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Father's name A. J. Cr[illegible]

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 3 Months *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City, 64 Bruns St

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, {Give street and number} 64 Bruns St

Cause of Death { First, (Primary,) Malformation

, { Second, (Immediate,) "

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, June 26 1880

{ *Undertaker,* Wm. E. Chenault

{ *Place of Business,* 336 Pennsylvania Address, 431 Penna Ave

J. H. Griffin M. D.
Medical Attendant.

HEALTH DEPARTMENT JUN 26 1880 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40902

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Woodhead

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 5 *Years,* 3 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~

Occupation, ~~...~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bristol, Penna.

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and number} # 381 N. Central ave.

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Paralysis of Brain

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bristol Penna

Date of Burial, June 28. 1880

Geo. A. Hartman M. D.
Medical Attendant.

Undertaker, Thos. E. Hughes

Place of Business, 60 E. Balto St. *Address,* # 305 N. Carolina St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10903

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 26, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edith L. H. Thomas

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ____ *Years,* 10 *Months,* 11 *Days.*

Color, ~~*Sex,*~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Maryland (Baltimore)

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 4 Aisquith Alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, June 27th 1880

Undertaker, Wm H. Dungee

Place of Business,

Thos. E. Sears, M. D.
Medical Attendant.

Address 648 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 40904

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Reilly

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number} 67 George St

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Meningitis

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, June 28th 1880

Undertaker, Chas. L. Scriven

Place of Business, N. Eutaw St

S. N. Hamler M. D.
Medical Attendant.

Address, 36 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40905

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JUN 27 1880

CERTIFICATE OF DEATH.

Date of Death, 25 June 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V. Snowden

Sex, Male or Female, {cross out the word not required in this line.} —

Age, 0 *Years,* 4 *Months,* ... *Days.*

Color, Wh

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ...

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} — Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 26 Lurkins alley

Cause of Death First, (Primary,) cholera Infantum

Second, (Immediate,) meningitis

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Ceme

Date of Burial, June 27th 1880

G Lane Tanyhill M. D.
Medical Attendant.

Undertaker, Chas T Scriven

Place of Business, 220 N Eutaw St *Address,* 129 Woodall

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40906

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1880 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert L. Knight

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 14 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balt Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 20 Greenmount St

Cause of Death, {First (Primary,) / Second (Immediate,)} Cholera Infantum & dia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, June 26th 1880

Undertaker, Edw J Levering

Place of Business, 271 N Eutaw St

L. E. Knight M. D.
Medical Attendant.

Address 1 E End Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 26

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Carey

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number} 18 Decatur Lexington

Cause of Death {First, (Primary,) Tuberculosis Lungs

{Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 28th 1880

Chas A Brown M. D.
Medical Attendant.

Undertaker, Robt T Scrivener

Place of Business, 211 N Eutaw St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. ____

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 40908

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26 June

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie E. Vansant

Sex, Male or Female, {cross out the word not required in this line.} ____

Age, — *Years,* 8 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cor Bentlow & Fremont Sts

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} Cor Bentlow & Fremont Sts

Cause of Death, {First, (Primary,) ____ Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, June 27th 1890

M. S. Warner M. D.
Medical Attendant.

Undertaker, Wm B Cook

Place of Business, No 707 N Baltimore Street

Address, Fremont & Bentlow Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Tarders

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, _____ *Years,* 9 *Months,* _____ *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, /

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} Ca[illegible] Ave between [illegible] and

Cause of Death, First, (Primary.) Cholera infantum

Second, (Immediate.)

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Jan 27.

Undertaker, John Henry.

Place of Business, 382 Orleans St

J. [illegible] M. D.
Medical Attendant.

Address, _____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40910

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25 — 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Randall Jaeuger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Six *Years,* *Months,* one *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number.} 33 West Pratt St

Cause of Death, First (Primary,) Measles and Scarlatina Malignia

Second (Immediate,) Inanition

Duration of Last Sickness, Five and a half Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ceme.

Date of Burial, June 27

Undertaker, W. Tiffel

Place of Business, 1. Bond st. 151

Nicholas G. Godfrey M. D.
Medical Attendant.

Address 162 N. Gilda St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 40911

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JUN 27 1880

CERTIFICATE OF DEATH.

Date of Death, June 26 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Reisett

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth,} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 307 Eagle St.

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) Inanition

Duration of last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Cemetery

Date of Burial, June 27 80

Undertaker, B. Klenke

Place of Business, 411 Light Street

A. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emil Süss

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 24 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} State Ohio

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} Columbia St 69

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, 28 June 1880

Undertaker, Paul J. Bartell

Place of Business, 62½ W. Baltimore St

H. E. Reinhardt M. D.
Medical Attendant.

Address, 224 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 40913

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Miller

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and number} 18 Walsh St nr. Lafayette Market

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) "

Duration of last Sickness, Three weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, 27 June

Undertaker, J. H. Hagans

Place of Business, 341 Penna Ave *Address,* 431 Penna Ave

J. H. Davidson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 24914

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Sophie Boehm

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 37 *Years,* 11 *Months,* 16 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number} N 72 N. Gay St

Cause of Death, First, (Primary,) Endometritis and Peritonitis

Second, (Immediate,) the same

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, 28 June 1880

Henry Salzer *M. D.*
Medical Attendant.

Undertaker, Conrad Kuntz

Place of Business, 60 Fawn St, & 16 W Lombard St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40915

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday June 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Mason Hunter

Sex, Male or Female, {cross out the word not required in this line.} V

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No. 101 N. Poplar St.

Cause of Death {First, (Primary,) .....
Second, (Immediate,) Cholera Infantum 4 days

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 28th 1880

Undertaker, J. B. Cook

Place of Business, 46 Baltimore

I Dimmitt Norris M. D.
Medical Attendant.

Address, # 552 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40916

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE

Permit No. 40916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Edmund Henry

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 17 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single ~~Widow or Widower~~

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 142 Orleans St.

Cause of Death, First, (Primary,) Congestion of the Lungs.

Second, (Immediate,) " Brain

Duration of last Sickness, 13 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 28 1880

Undertaker, Jas Lynne

Place of Business, 68 Fawn St

J. J. Gwynn M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 40917

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE JUN 27 1880

CERTIFICATE OF DEATH

Date of Death, June 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Rehbach

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One (1) *Years,* Six (6) *Months,* Nine (9) *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 141 E. Eden Street

Cause of Death, First, (Primary.) Acute Pneumonitis

Second, (Immediate.) Pyrexia

Duration of Last Sickness, Eleven (11) Days.

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cemetery

Date of Burial, June 29th 1880

Undertaker, H. Hoeck

Place of Business, 309 N. Central Ave

S. E. Eberhart M.D.,

Medical Attendant.

Address, 141 E. Eden Street

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE OCT 27 1880

CERTIFICATE OF DEATH.

Date of Death, June 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles F McCauley

~~*Sex,* Male *or Female*~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ✠ *Days.*

Color, White *Sex,* Male

~~*Married,* Single, *Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and number.} Baltimore Street between Front St & the Bridge

Cause of Death, First (Primary,) Spasm

Second (Immediate,) "

Duration of Last Sickness, 6 hours (I did not attend the child + have not been for a week)

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, June 27th 1880

Undertaker, Jas. P. Byrne

Place of Business, Front St

Richd Sappington M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JUN 27 1880

CERTIFICATE OF DEATH.

Date of Death, June 26th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. H. Woodland.

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* — 3 *Months,* 20 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 4 Mulberry St.

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters cemetery

Date of Burial, June 27 1880

Undertaker, Wm. P. Bungle

Place of Business, No. 62 East St.

Francis A. Sauer M. D.
Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40920

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40920

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Rebecca Robman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 5 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 199 Orleans St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of last Sickness, several weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, June 27th 1880

Undertaker, Wm N Dunza

Place of Business, No 62 East St

J W Cattell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Bunyard

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 10 *Years,* 11 *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} Lancaster St & Back Basin foot of Exeter St

Cause of Death, First (Primary,) ~~Kill~~ Injuries.

Second (Immediate,)

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem

Date of Burial, June 27th

Undertaker, H. Faehlich

Place of Business, 246 Eastern Av

Chas M Marx M.D.
Medical Attendant.

Coroner &c

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 110922

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40922

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Cummings

Sex, Male or Female, {cross out the word not required in this line.}

Age, 49 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Janitor, Eighth Office, B. & O. R. R. Co.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, {Give street and number} No 109 S. Castle st

Cause of Death First, (Primary,) .....

Second, (Immediate,) Phthisis Pulmonalis (Acute)

Duration of last Sickness, Six (6) weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, June 29th

Undertaker, M. Clark & Son

Place of Business, 64 E Balto

Andrew J. Clark M. D.
Medical Attendant.

Address, 235 Gough st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albina Finicchi

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Finicchi

Age, ~~Years,~~ 3 *Months,* ~~Days~~

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 7 West Church St

Cause of Death, { First (Primary,) Cholera infantum
Second (Immediate,)

Duration of Last Sickness, two days.

All the above information should be furnished by the Physician.

Place of Burial, June 27 1880

Date of Burial, St Peters

{ *Undertaker,* C F Krause
Place of Business,

Dr. G. Jay M. D.
Medical Attendant.

Address Park and Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th June 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Katharine Moschheimer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Oberklein Hessen Darmstadt Germany

Duration of Residence in the City of Baltimore, 34 Jahre

Place of Death, {Give street and number.} 26 Druid Hill Ave.

Cause of Death, First (Primary,) Cholera morbus

Second (Immediate,) Brain congestion

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 28th 1880

Undertaker, Andrews & Hodges

Place of Business, No 476 Druid Hill Ave

Dr. W. Heltmann M. D.
Medical Attendant.

Address 126 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 40925

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 27 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Burley Clayton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years~~, ~~Months~~, 7 Weeks Days.

Color, Colored

~~Married~~, *Single*, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 22 Parrish Alley

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Lamel Cem

Date of Burial, June 27th 1880

Undertaker, Wm N Dunge

Place of Business, 26 East

James F Cleary M.D.,

~~Medical Attendant.~~

Physician

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Hoard's Horse Tonic

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Frank E. Gray

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* Three *Months,* ——— *Days.*

Color, Mulatto *Sex,* ———

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 6. Town alley

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number.} No. 4. Vine St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Prostration

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loud Cemetery

Date of Burial, June 27 1880

Undertaker, Abraham Wyman

Place of Business, 13 Lombard St

F. B. Gardner M. D.
Medical Attendant.

Address 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 40927

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fran L. Griesbauer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 409 Orem St

Cause of Death, First, (Primary.)

Second, (Immediate.) Infantile Cholera

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto - Cemetery

Date of Burial, June 29th 1880

Herbert Betts **M.D.,**
Medical Attendant.

Undertaker, P. Oswald

Place of Business, 35 S. Eutaw *St Address,* 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40928

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN. 23. 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 27 June 1880—

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Bond Moncure

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Two *Years,* two *Months,* twenty five— *Days.*

Color, White *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 234 W. Biddle St. Baltimore, Md—

Duration of Residence in the City of Baltimore, Three months

Place of Death, {Give street and number.} 234 W. Biddle St., Baltimore, Md.

Cause of Death, First (Primary,) Diphtheria

Second (Immediate,) Diphtheretic Croup—

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, June 28/

E C Hughes M. D.
Medical Attendant.

Undertaker, Walter Emmet

Place of Business, 252 W. Biddle St. *Address* 234 W. Biddle St—

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Balto June 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Sarah Estelle Bradley

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months,* 12 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 450 East Hoffman St.

Cause of Death, First (Primary,) Enteritis colitis

Second (Immediate,) Convulsions.

Duration of Last Sickness, Three Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 28 1880

Undertaker, M. Franer

Place of Business,

W. E. Wiegand M. D.
Medical Attendant.

Address 343 Penna Ave
Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Koenig

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 2 *Years,* ~~*Months,*~~ ~~*Days.*~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ~~Duration of Residence in the City of Baltimore~~

Place of Death, {Give street and number} 382 A. Ann St.

Cause of Death { First, (Primary,) ~~First, (Primary,)~~ / Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 28 88

A. B. Arnold M. D.
Medical Attendant.

{ *Undertaker,* M Frazier
{ *Place of Business,* ~~Place of Business~~ *Address,* ~~Address~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Miller

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No 128 E Washington St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, June 29th 80

Undertaker, M. Franco

Place of Business, 210 Canton Ave

Address, [illegible]

_____ M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 11932

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1880

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Connie Dimkin

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Three *Years,* Seven *Months,* Eight *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 327 Eastern Avenue

Cause of Death, First, (Primary,) Scarlatina Anginosa

Second, (Immediate,)

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, June 28th 80

E. B. Britton M. D.
Medical Attendant.

Undertaker, E. M. Fraser

Place of Business, 240 Canton Ave

Address, 30 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OV 48.}

No. 40933

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40933

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Smith

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 7 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Native

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 94 Caspar St

Cause of Death, First, (Primary,) Spasms

Second, (Immediate,)

Duration of last Sickness, A few hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, June 28 1880

Undertaker, S W Chase

Place of Business, No 198 Howard St

H H Martin M. D.
Medical Attendant.

Address, 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence B. Bond

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City Md.

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give street and number} 342 Aisquith St.

Cause of Death { First, (Primary,) Internal Congestion
, { Second, (Immediate,) " "

Duration of last Sickness, 8 Hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 28 80

{ *Undertaker,* George Schilling
{ *Place of Business,* Ashland & Lynn

J. E. Christian M. D.
Medical Attendant.

Address, 431 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40935

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Olivia J Burley

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ____ *Years,* Ten *Months,* Ten *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Nothing

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City Md.

Duration of Residence in the City of Baltimore, Continued

Place of Death, { Give street and number } No. 32 Stockholm St

Cause of Death, First, (Primary.) Acute Meningitis

Second, (Immediate.) Convulsions

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 28th 1880

Undertaker, Geo H Richardson & Co

Place of Business, 130 Hanover St

J. D. Dyer M. D.
Medical Attendant.

Address, 146 Hill St

J. D. DYER, M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha A. Field

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 3 *Years,* 8 *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto.

Duration of Residence in the City of Baltimore, 3 yrs & 8 Mo

Place of Death, {Give street and number.} 12 Grindalls Ct.

Cause of Death, {First (Primary,) Diptheria

Second (Immediate,) 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 28th 1890

Undertaker, Lee H. Perkins & Co

Place of Business, 132 Henrietta St

P. C. L22 M.D.
Medical Attendant.

Address, Hanover & Barre

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 40937

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Hermann

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 26 *Years,* 6 *Months,* 13 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and number} # 62 South Paca Street

Cause of Death, First, (Primary.) Febris Puerperalis

Second, (Immediate,) Hysteritis

Duration of last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 29th 1880

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

J. E. Mitchell M. D.
Medical Attendant.

Address, 94 South Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 110938

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1888 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Meister

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 20 *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 19 Rachael —

Cause of Death { First, (Primary,) Pertussis
Second, (Immediate,) Convulsions

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 29

Undertaker, H Boiele

Place of Business, Hennetta 81

R M Eccles M. D.
Medical Attendant.

Address, 315 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27 : 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Kissick

Sex, Male or Female, {cross out the word not required in this line.}

Age, about 32 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 134 S. Grune St

Cause of Death First, (Primary,) Rheumatism

Second, (Immediate,) Valvular disease of Heart-

Duration of last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 29th 1880

Undertaker, John L Thacker

Place of Business, No 150 Camden

J. H. Lowney M. D.
Medical Attendant.

Address, 76 Stacy St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40940

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 40940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } White Mary Manifie

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 74 *Years,* 2 *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, 52 years.

Place of Death, { Give street and number } 80 N Greene St.

Cause of Death, { First, (Primary,) } { Second, (Immediate,) } Apoplexy, from Heat,

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 29th 1880

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

J. Miller M. D.
Medical Attendant.

Wm McCaus M.D.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40941

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 40941

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Schwartz

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* 13 *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 84 Leadenhall

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Prostration

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 28 1880

Mary Salzer M. D.
Medical Attendant.

Undertaker, C. F. Krauss

Place of Business, 209 Hanover *Address,* 163 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1889 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Edwards

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.} Female

Age, — *Years,* 2 *Months,* 1 *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 184 Carrollton Av.

Cause of Death, {First (Primary,) Cholera Infantum.

Second (Immediate,) Inanition,

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, June 28th 1889

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette St

H. R. Fetterhoff M.D.
Medical Attendant.

Address, 205 N. Bridge St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph William Turner

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 1 *Years,* 1 *Months,* *Days.*

Color, Black

~~Married~~, Single, Widow ~~or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore County

Duration of Residence in the City of Baltimore, One year

Place of Death, { Give street and number } Philadelphia Road inside City limits

Cause of Death { First, (Primary,) Second, (Immediate,) } Bilious and Typhoid Fevers

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Auburn Burial ground

Date of Burial, June 23.

Undertaker, Theodore J. Locks

Place of Business, 73 Jefferson st

R. M. Norris *M. D.*
Medical Attendant.

Address, Orangeville P.O. Co

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 110944

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daisy Lee

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* Six *Months,* ____ *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Infant

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 50½ Hanover st

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Coma

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Dulaney's Cemetery

Date of Burial, June 23rd 1880

Undertaker, Thos J Locke

Place of Business, 18 Jefferson st

Whitfield Winey M. D.
Medical Attendant.

Address, 116 E. Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40945

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Josephine Yager

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. }

Age, 21 *Years,* 7 *Months,* 12 *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 268 Hollins St

Cause of Death, First, (Primary,) "Typhoid Fever"

Second, (Immediate,)

Duration of last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cemetery

Date of Burial, June 30th 1880

[illegible] M. D.
Medical Attendant.

Undertaker, Jos. B. Cook

Place of Business, No 707 W Baltimore Street *Address,* 58 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40946

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 28 1889 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Kennedy

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 175 Vine

Cause of Death, First, (Primary.) Acute Hydrocephalus

Second, (Immediate.)

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, June 29th 1889

Undertaker, Geo. B. Coode

Place of Business, No 707 N Baltimore Street

Edw. F. Nicholson M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John K Little

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 05 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 33 Munro St

Cause of Death First, (Primary.) Convulsions

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician. F. & W. M.

Place of Burial, Howard & Harper's

Date of Burial, June 28th 1880

James Bailey *M. D.*
Medical Attendant.

Undertaker, Jas B Cook

Place of Business, No 707 W. Baltimore Street | *Address,* 312 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

L821 Transit

No. 40948

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40948

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Scranage

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* 2 *Months,* 3 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 40 Chapel St, near Pratt St.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give street and number} 240 West side Durham St, Two doors above Caulton Ave

Cause of Death, First, (Primary,) 4 Muscular Debility

Second, (Immediate,) Cholera Infantum.

Duration of last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cems

Date of Burial, June 28th 1880

A. V. Gosweiler, M. D.
Medical Attendant.

Undertaker, N. Fountain Scranage

Place of Business, Durham St near Caulton ave

Address, 144 S. Ann St near Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26 June 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Thomas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~Years.~~ 7 *Months,* 17 *Days.*

Color, Black *Sex,* Female

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~+~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Born, 17 days

Place of Death, {Give street and number.} 33 State St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery. A Atkinson M. D.

Date of Burial, June 28. 1880 " Medical Attendant.

Undertaker, Bro. Jos. Gray. *Address* 57 N Charles St

Place of Business, 65 & Lubert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 40950

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Raymond Martin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 5 mm *Months,* *Days.*

Color, Colord

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} No 29 Chestnut St

Cause of Death, {First (Primary,) Cholera infantum

Second (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Loudon County

Date of Burial, June 28th 1880

Undertaker, Wm. H. Gray

Place of Business, 65 Mulberry

J. Warner M.D.
Medical Attendant.

Address 66 N Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 40951

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40951

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Crist

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 72 *Years,* 1 *Months,* 19 *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Fredk Co. Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 520 Holliday St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Tuberculan ulcerations of Gastro-intestinal tract

Duration of last Sickness, Four Years.

All the above information should be furnished by the Physician.

Place of Burial, Burdett's Town md

Date of Burial, June 29th 1880

John Neff M. D.
Medical Attendant.

Undertaker, S. McLeonard & Son

Place of Business, 782 W. Baltimore St *Address,* 558 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transcribed 1822

[OVER]

No. 40952

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUN 1900 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25. 00

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} No names Alice Johnson

Sex, Male or Female, {cross out the word not required in this line.} 2 Boys 2 Chn Twins

Age, ——— *Years,* ——— *Months,* 2 hrs *Days.*

Color, Blk

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

~~*Occupation*~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 2 Cs

Place of Death, {Give street and number} 34 Penn

Cause of Death {First, (Primary,) Debility

{Second, (Immediate,)

Duration of last Sickness, 2 Cs

All the above information should be furnished by the Physician.

Place of Burial, Sharpt Ground

Date of Burial, June 28

Undertaker, Jacob Davis

Place of Business, 103 Lee St,

[signature] M. D.
Medical Attendant.

Address, 3499

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 40953

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Inf. Irena Hamill

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 *Years,* 6 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 107 Peach alley

Cause of Death, First, (Primary.) Whooping Cough

Second, (Immediate.) Convulsions

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. all Saintes.

Date of Burial, 28th of June.

Undertaker, Julius Kochler

Place of Business, Sharp & Cross.

Theodore Lentz M.D.

Medical Attendant.

Address, 426 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 40954

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40954

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Reimyer

Sex, Male or ~~Female~~, {cross out the word not required in this line.} male

Age, 70 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, x

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 25 years

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Phthisis
, { Second, (Immediate,) asthenia

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial New Cathedral

Date of Burial, June 28th 1880

Undertaker, P. McAleer

Place of Business, —

F. B. Dudley *M. D.*
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40955

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wiefer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* One Day.

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 3. Forest St

Cause of Death, First, (Primary.)

Second, (Immediate.) Convulsions

Duration of Last Sickness, 1st

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 28th 1880

James H Steuart M.D.,

[redacted]

Undertaker, I. B. Cook

Place of Business, 747 W. Balto St *Address,* Comm. of Health Physicians Office

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd by J. P. Smith

The special attention of Physicians is respectfully invited to the blanks below, and to list of diseases on back of this certificate.

Board of Health, City of Baltimore,

Permit No. 40956

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dern

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 ~~66~~ *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Match & Brush Peddler

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 55 Years

Place of Death, {Give street and number.} Vincent St

Cause of Death, First, (Primary.)

Second, (Immediate.) Softening of the Brain

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 29 1880

Undertaker, Geo B Cook

Place of Business, No 707 E Baltimore Street

Thos Scott M.D.,
Medical Attendant.

Address, 146 E Lemmon St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 40957

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Brodo

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 20 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Sweden

Duration of Residence in the City of Baltimore, 1 day

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Fall from rigging
Second, (Immediate,) Coma

Duration of last Sickness, 16 hours

All the above information should be furnished by the Physician.

Place of Burial, C P Cemetery

Date of Burial, June 26

Undertaker, Patrick & Mullin

Place of Business,

J H Brunhuber M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40958

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 28 1890 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Pierson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 35 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Labors

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary,) Laceration of both arms
Second, (Immediate,) Shock

Duration of last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, C. P. Cemetery

Date of Burial, June 26

Undertaker, Patrick J. Mullin

Place of Business,

J. W. Branham M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40959

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~properly filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Louisa Andrews

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 23 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Eight months

Place of Death, {Give street and number} No 2. Bloodgoode Court

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) asthenia

Duration of last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, June 28th 1880

Undertaker, P. Mullin

Place of Business, ~~———~~ *Address,* City Hospital

H. B. Boudyn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40960 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 28? 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Kilington

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 60 *Years,* ..... *Months,* ..... *Days.*

Color, colored.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Caulker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 392 Dallas St.

Cause of Death, First, (Primary.) Ulcerative Laryngitis

Second, (Immediate.) Asphyxia

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Com

Date of Burial, June 27th 1880

Undertaker, Theo. H. Locke

Place of Business, ...

G. G. Luck M.D.,

Medical Attendant.

Address, Balt & Gas

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41961

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 25th 1880

Full Name of Deceased, { Write legibly and sp[illegible] correctly. If an Infa[illegible] not named, give names of parents. } Alice Johnson (Twin) 2. Boys (Mother

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 1/12 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 30 Perry St

Cause of Death, { First, (Primary.) Debility

Second, (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, June 28th 1880

Undertaker, Jacob Davis

Place of Business, ———

L. M. Eastman M.D.,

~~Resident~~ Physician

Address, Coley

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40962 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 2 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27 " 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francisca Wagner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* ——— *Months,* ——— *Days.*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 43 E. Eddison St

Cause of Death, First, (Primary.)

Second, (Immediate.) old age

Duration of Last Sickness, 9 years -

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 29 1880

Undertaker, Henry Hocket

Place of Business, ———

James A. Steuart M.D.,

~~Medical Attendant~~

Address, Comm. of Health & Inspector

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Geo E. Taylor

No. 40963

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hermina Rosenthal

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 883 N Bal- St.

Cause of Death { First, (Primary,) Marasmus -
Second, (Immediate,) Asthenia -

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Edgew St Cem Cem

Date of Burial, June 29-80

Undertaker, Mr Goldsmith

Place of Business, 53 N High St *Address,* No 29 Lexington St.

Saml C Powell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40964

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2? 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Larsen

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~ *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 402 Canton ave

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'y

Date of Burial, June 28th

D W Cathell M. D.
Medical Attendant.

Undertaker, H. Fockler

Place of Business, 246 Eastern Av *Address,* 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40965

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward O. Rakes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 24 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 86 Welcome Alley

Cause of Death, First, (Primary.) Mal Nutrition

Second, (Immediate.) Inanition

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemy

Date of Burial, June 29th 1880

Undertaker, Jacob Davis

Place of Business, cor Lee St

James Steuart M.D., Medical Attendant

Address, Comm of Health Pt Regulator

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by — J. V. Sunderland

No. 40966

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28 — 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Sayler

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ____ *Years,* three *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and number} 482 E. Chase St.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Pneumonia

Duration of last Sickness, two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 29/80

G F Jaynes M. D.
Medical Attendant.

Undertaker, Fry & Bro

Place of Business, 54 h Broadway *Address,* 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40967

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40967

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 28th June 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Lavinia Lenkel

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, Thirty *Years,* Seven *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto - Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } N W Cor Balto & Stricker

Cause of Death, First, (Primary,) "Typhoid Fever"

Second, (Immediate,)

Duration of last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 30th 1880

Undertaker, John P. Rawlins

Place of Business, 66 Frederick Av.

Jas L Smith M. D.
Medical Attendant.

Address, ~~#~~ 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[67 4R.]

No. 40968

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 40968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Clifton Shaffer

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 8 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Since Dec 1.

Place of Death, {Give street and number} 135 Elliott St.

Cause of Death, First, (Primary,) Scarlatinal Inflammation

Second, (Immediate,) Spasm

Duration of last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Westminster Ham

Date of Burial, June 29th 1880

Undertaker, H. M. Gahan

Place of Business, Eastern Ave

E. Jan Wilson M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40969

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Bragle.

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 25 *Years,* 9 *Months,* 7 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 120 Johnson St.

Cause of Death { First, (Primary,) Second, (Immediate,) Phthisis Pulmonalis

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 30th

Undertaker, Henry Brooks

Place of Business, Pennsylvania Ave

R. J. D. Tull M. D.
Medical Attendant.

Address, 152 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40970

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 2.45 A M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Sacks

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 6 *Months,* 18 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No. 6 Ryan St. Died little

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 94 Duncan alley

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 29th

Undertaker, P. J. Dill

Place of Business, 188 Columbia ave *Address,* N.E. Cor. Columbia Ave & Bond

Dr. W. Edwards M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Mary Deackens

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* Sixteen *Months,* Six *Days.*

Color, White

Married, Single, ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Corner Wilson and Division Sts

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} No 183 Division Sts

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,) Dysentery

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters Cem[t]

Date of Burial, June 29th 1880

Undertaker, Andrews & Hodges

Place of Business, No 456 Druid Hill Ave

A. C. Pole M. D.
Medical Attendant.

Address No 1 N Broadway cor Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 40972

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Eleanor Hamilton

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Ballo

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 90 N. Paca

Cause of Death {First, (Primary,) Hypertrophy of heart
Second, (Immediate,) Enlarg'd Liver — Albuminuria

Duration of last Sickness, 4 — weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial June 30th 1880

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw

Thos Shearer — M. D.
Jr. A. Lange MD Medical Attendant.

Address, 97 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

W. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40973

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 40973

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Allen West

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, + *Years,* 10 *Months,* ____ *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 527 Franklin St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) h 4

Duration of last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, July 1st 1880

Thomas Okie M. D.
Medical Attendant.

Undertaker, Wm Mewen

Place of Business, 202 N Eutaw St

Address, 581 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40974

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate D. Denison

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 29 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Indiana

Duration of Residence in the City of Baltimore, 9 Years —

Place of Death, {Give street and number} 150 Orleans St —

Cause of Death, First, (Primary.)

Second, (Immediate,) Consumption

Duration of last Sickness, 8 months.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 30th 1880

Undertaker, John Lake

Place of Business, 161 Balto St

J J Gwyn M. D.
Medical Attendant.

Address, 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 4097

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah H. Conroy.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 172 E. Pratt St.

Cause of Death { First, (Primary,) Consumption of the Lungs,
Second, (Immediate,) 6 mos

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Baltimore County

Date of Burial, June 30th 1880

Undertaker, John Lake

Place of Business, 161 Dolphin St

S. H. Hinck M. D.
Medical Attendant.

Address, 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40976

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE

Date of Death, June 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Knapp

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 10 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 298 West Pratt St

Cause of Death, First, (Primary.) .....

Second, (Immediate.) Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 30th 1880 Edward A Kenealy M.D., Medical Attendant

{*Undertaker,* J. S. Rossiter

{*Place of Business,* 97 Orleans St *Address,* Board of Health & Register

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Exam by J. V. Fitzpatrick

No. 40977

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Wacks

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 3 *Months,* 5 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number} 42 S. Mount St

Cause of Death { First, (Primary,) Inanition
Second, (Immediate,) Cholera Infantum

Duration of last Sickness, One weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 29th 1890

J. Thurston M. D.
Medical Attendant.

Undertaker, Jno B. Loch

Place of Business, No 707 W Baltimore St

Address, 2 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40978

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lonia Virginia Skinner

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 10 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} No 1487 Chesapeake St.

Cause of Death, First, (Primary,) Intestinal Inflammation

Second, (Immediate,) Convulsions

Duration of last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive

Date of Burial, June 30 1880

Undertaker, Peter Frey

Place of Business, 21 Eastern Ave

E. Jones Hilen M. D.
Medical Attendant.

Address, 17 Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 40979

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edw J. Baker

Sex, Male or ~~Female~~, { cross out the word not required in this line. } Male

Age, 3-3 *Years,* 4 *Months,* 7 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Manufacturer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, { Give street and number } 412 N. Central av Locomotor ataxia

Cause of Death, First, (Primary.) Locomotor ataxia

Second, (Immediate.) Exhaustion

Duration of last Sickness, Six (6) Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 30th 1880

Geo B Reynolds M. D.
Medical Attendant.

Undertaker, Wm J Hughes

Place of Business, 611 E Baltimore *Address,* 413 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 44980 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Friederich

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} S

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} #141 S. Wolf St.

Cause of Death, First, (Primary.) Scrofula

Second, (Immediate.) .....

Duration of Last Sickness, Since Birth.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem. John H. Rehberger M.D.,

Date of Burial, June 29th Medical Attendant.

Undertaker, Wendel Dippel

Place of Business, S. Bond st. 152 *Address,* 243 Aliceanna St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 40981

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28/80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jack Cook

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 3 *Years,* 4 *Months,* 14 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

~~Occupation~~,

Birthplace, { State of country, (and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death, { Give street and number } 23 Lemmon

Cause of Death, { First, (Primary,) Malignant Scarlet Fever

Second, (Immediate.) Two (2) days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 29

Undertaker, Mathew Cadogan

Place of Business, 22½ Lee St

W. L. Shuen M. D.
Medical Attendant.

Address, 387 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit for Burials, to the Office whence issued, Saturday of each week.

No. 40982

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday June 28 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. D. Leighton

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 45 7 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Mechanic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia 3 mos

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Alms House, Asylum & Bridewell

Cause of Death, First, (Primary,) Cancer of Face

Second, (Immediate,) Dysentery

Duration of last Sickness, 3 Wks

All the above information should be furnished by the Physician.

Place of Burial, Allegany County Pa. J. H. Gatrin M. D.

Date of Burial, June 29th 1880 Medical Attendant.

Undertaker, Wm. J. Buchanan

Place of Business, 234 N. Gay St. *Address,* Alms House Asylum & Bridewell

Extract from Regulations of the Board of Health to secure a full and correct account of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Born 1824

No. 40983

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 23 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Fuchs

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Lucretia alley Nor

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give street and number} Lucretia alley Nor

Cause of Death First, (Primary.) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 Week

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial June 29 1880

Undertaker, S. W. Craig

Place of Business 169 Howard

J. W. Ellis M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...of each week.

No. 40984

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecelia Bates

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 7 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 9 Gow St Int.

Cause of Death, First, (Primary,) Cholera Int.

Second, (Immediate,)

Duration of last Sickness, 1 wk

All the above Information should be furnished by the Physician.

Place of Burial, Bethel Cem

Date of Burial, June 29 1880

Undertaker, Thos J Locke

Place of Business, 73 Spruce st

Geo L Kinnemon M. D.
Medical Attendant.

Address, East Oak

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 10985

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 10985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29 - 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel L Lloyd.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 2 *Months,* ____ *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number} 295 McElderry St (Lowdenville)

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Eclampsia.

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cem

Date of Burial, June 30

Undertaker, Thos I Locke

Place of Business, 78 Jefferson St

G L Taylor M. D.
Medical Attendant.

Address, 222 N Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATION.

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Stella Anderson

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Female

Age, ~~Years,~~ 4 *Months,* 2 *Days.*

Color, Black

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto City "

Duration of Residence in the City of Baltimore, 4 Months & 2 days

Place of Death, {Give street and number.} No 47 Vincent Alley

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Lemil Cemetery

Date of Burial, June 28 1880

Undertaker, William Mongue

Place of Business, No 62 East Street

Edward M. Rose M.D.
Medical Attendant.

Address Cor Gilmor & Lexington Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40987

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Winter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 1 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 151 Fairmount ave.

Cause of Death, First, (Primary.) Diarrhoea

Second, (Immediate.) Asthenia

Duration of Last Sickness, Twelve (12) days

All the above information should be furnished by the Physician.

Place of Burial, Methodist Cemetery

Date of Burial, June 29

Undertaker, John Henaly.

Place of Business, 382 Cabans Ave.

G. L. Whitten M.D.,
Medical Attendant.

Address, 772 E. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 40988

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernard Mullen

~~Sex, Male or Female,~~ {cross out the word not required in this line.}

Age, 59 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} 90 Green Mount Ave

Cause of Death {First, (Primary,) Dysentery

{Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, June 30th

Chas A Doyen M. D.
Medical Attendant.

Undertaker, H. C. Niedefeld

Place of Business, 90 Greenmount Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 40989

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Moore

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ 4 *Months,* 18 *Days.*

Color, Black

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 4 mos 18 da's

Place of Death, {Give street and number} 1w 8 S. Pine st

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Asthenia

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29th 1880

Undertaker, Wm H. Bishop Jr.

Place of Business, 97 Druid Hill Ave.

Geo. E. Jaines M. D.
Medical Attendant,

Address, 177 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

No. 40990

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40990

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 30 1880 BALTIMORE

Date of Death, June 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth C. Mackubin

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color,

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number} No 22 Miller st

Cause of Death { First, (Primary.) Heart Disease
Second, (Immediate.) Cerebritis

Duration of last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 30th 1880

{ *Undertaker,* Peter Frey
Place of Business, 91 Eastern Ave

Wm. E. Purnell M. D.
Medical Attendant.

Address, Broadway & Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permits for Burials to the Office whence issued Saturday after ... 188...

No. 40991

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Sutcliffe

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 73 *Years,* ... *Months,* 29 *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number} Cor N Poppleton St & Harmony Lane

Cause of Death { First, (Primary,) Dysentery
Second, (Immediate,) Exhaustion.

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, London Park C.

Date of Burial, July 1st

W. H. Hagner M. D.
Medical Attendant.

Undertaker, Rau & Bartle

Place of Business, 62½ W Balt St Address, Cor Fayette & Calvert Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permits for Burials, to the Office where issued, Saturday of each week.

No. 40992

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Mary Stirk

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* Nine *Months,* — *Days.*

Color, White —

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore —

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 1 Arcade Alley.

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, June 30th 1880

Hiram B Small M. D.
Medical Attendant.

Undertaker, Wm Kimball

Place of Business, 9 Park Pl *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

ermits for Burials, to the Office whence issued, Saturday of each week.

No. 40993

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Hundertmark
Hundertmark

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 18 *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since life

Place of Death, {Give street and number} 30 Ninth St

Cause of Death, First, (Primary,) Hydrocephalus
Second, (Immediate,) Convulsions

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 1st

Undertaker, Kelly & Mund

Place of Business, 262 N Eutaw

Geo. H. Miller M. D.
Medical Attendant.

Address, 89 N Green St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permits for Burials, to the Office whence issued, Saturday of each week.

No. 40994

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 30 1890 BALTIMORE

Date of Death, June 29th 90

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Baum

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 5 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 689 N. Fayette

Cause of Death {First, (Primary,) Premature birth

{Second, (Immediate,) Inanition

Duration of last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, June 30

Undertaker, John Teufel

Place of Business, 796 W. Baltimore St. *Address,* 76 S. Paca St

J. H. Carey *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permits for Burials, to the Office whence issued, Saturday of each week

No. 40995

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29 " 1880

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fordinand Smith

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 7 *Years,* *Months,* 4 *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 12 Bevan Street

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Dropsy

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, West Laurel

Date of Burial, July 1st

Undertaker, Thos. Brice

Place of Business, 11 Mt St

J. N. Wiley M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to sh within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permits for Burials, to the Office whence issued, Saturday of each week.

No. 40996

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, JUNE 28 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ELIZABETH E CATHCART

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.} FEMALE

Age, 49 *Years,* ——— *Months,* ——— *Days.*

Color, WHITE

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} MARRIED

Occupation, HOUSEKEEPER FOR HUSBAND

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} PHILADELPHIA PA

Duration of Residence in the City of Baltimore, 21 YEARS

Place of Death, {Give street and number} No 88 SOUTH BROADWAY

Cause of Death, First, (Primary,) CHRONIC ULCERATION OF THE RECTUM {OF SUPPOSED TRAUMATIC ORIG

Second, (Immediate,) ASTHENIA

Duration of last Sickness, ABOUT 1½ YEARS

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, July 1 80

A M Portman M D M. D.

Medical Attendant.

A. M. WORTMAN, M. D. 128 N. EUTAW STREET. BALTIMORE, MD.

Undertaker, Leverty & Fletcher

Place of Business, 6 & 8 Broadway *Address,* 128 N Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permits for Burials to the Office whence issued. Saturday of each week.

No. 40997

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wilson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 77 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Commission Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number} No 313 Park avenue

Cause of Death First, (Primary,) Paralysis

Second, (Immediate,) Results of Paralysis

Duration of last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, June 30 - 1880

Undertaker, Henry Fletcher

Place of Business, 65 Broadway *Address,* 38 W. Vernon Place

Jno. Lloyd Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permits for Burials, to the Office whence issued. Saturday of each week.

No. 40998

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katy Sackhoff

Sex, Male or Female, {cross out the word not required in this line,} Female.

Age, — *Years,* 3 *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No 46. Ridgely st

Cause of Death {First, (Primary,) Meningitis

{Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 1. 1880

Undertaker, Philipp J. Dill

Place of Business, 183 Columbia Av

C. L. Buddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

20 1

Keepers of Cemeteries in City of Baltimore will make returns of Permits for Burials, to the Office whence issued, Saturday of each week.

No. 40999

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Caroline Weichert

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 59 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and number} 323 W. Hoffman St.

Cause of Death { First, (Primary,) Tuberculous Laryngitis
Second, (Immediate,) Asthenia

Duration of last Sickness, over two years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 1st 1880

Undertaker, Andrew Leitz

Place of Business, 1132 2nd St. *Address,* 58 McCulloh St.

Martin Brown *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permits for Burials, to the [redacted] ued, Saturday of each week. 41000

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41 000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th -

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James. C. Brady

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7. *Years,* " *Months,* - *Days.*

Color, White *Sex,* Male,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, -

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} No 28 Forest Place,

Cause of Death, First (Primary,) Malaria -

Second (Immediate,) Acute Dysentery -

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 1st 1880

Undertaker, Chas. T. Screven

Place of Business, 271 N Eutaw St *Address*

Geo Mears M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 41001

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29 - 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wallie Jones

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 88 Dolphin st.

Cause of Death First, (Primary.) Catarrhus Intest. & Gast. Acutus

Second, (Immediate,) Exhaustion

Duration of last Sickness, about 5 days.

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Pa

Date of Burial, July 1st 1880

Drs. Hammond & McKellin M. D.
Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 271 E. Eutaw st. *Address,* 64 N. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

GUILANY & CO. CITY PRINTERS AND STATIONERS.

1825 Franklin

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41002

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thales A. Smithcum

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* 7 *Months,* 28 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lawyer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co. Md

Duration of Residence in the City of Baltimore, about 33 years

Place of Death, {Give street and number.} 131 Lanvale St

Cause of Death, First (Primary,) Disease of Heart, Constriction & insufficiency & mitral reg.: dilatation; general dropsy: albumen

Second (Immediate,) Asphyxia & Asthenia

Duration of Last Sickness, 14 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 30th June 1880

Undertaker, H.W. Jenkins & Son

Place of Business, 16 Light St *Address* 141 Lanvale St

J. C. Chew M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 41003

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41003

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 28 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank H Puscaulter

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} Cathedral & Richmond

Cause of Death { First, (Primary.) Consumption

, { Second, (Immediate.) Exhaustion

Duration of last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Cecil Co. Md.

Date of Burial, July 1st 1880

{ *Undertaker,* H. W. Jenkins & Son

{ *Place of Business,* 16 Light St.

Chas E Donovan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1826 Trans

[OVER.]

...day of each week.

No. 110044

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 3 1880 BALTIMORE

Date of Death, June 30. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude May Carlin

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 9 *Days.*

Color, wht

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 37 Linden ave

Cause of Death {First, (Primary.) scarlet fever

Second, (Immediate,) meningitis

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 1st

Undertaker, McClane & Andrews

Place of Business, Druid Hill Ave

Glenn Tannyhill M. D.
Medical Attendant.

Address, 129 N. Bedale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41005

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 30 1920 BALTIMORE

Permit No. 41005

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1920 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 29th June 1920

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kazakiah Vinsin

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 48 *Years,* 3 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Gas Fitter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 178 Hanover St

Cause of Death, First, (Primary.) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cemetery

Date of Burial, June 31st 1920

Augustus M. Hodge M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light St *Address,* 207 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 41006

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 28 1880 BALTIMORE.

Date of Death, June 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E Dennis

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, W.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 1 yrs.

Place of Death, {Give street and number} 232 Light St

Cause of Death {First, (Primary,) Mal-nutrition

Second, (Immediate,) Chron Dysentery

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, June 30th 1880

Undertaker, Armstrong & Denny

Place of Business, 263 Light st *Address,* 263 Light St

A. M. Elles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 11007

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 30 1880 BALTIMORE

Permit No. 11007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29th day of June 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Richards

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 84 *Years,* 10 *Months,* 25 *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number} 361 Mulberry

Cause of Death { First, (Primary,) Paralysis
Second, (Immediate,) Expiration of Brain

Duration of last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 1st 1880

Undertaker, John Thacker

Place of Business, No 154 Bond St

Address,

D. O. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 41008

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41008

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE JUN 30 1880

CERTIFICATE OF DEATH.

Date of Death, June 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Marshall

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 167 N. Central Ave

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Asthenia

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 1 1880

Undertaker, Jno H. Weaver & Co

Place of Business, 22 Fayette St

P E Chataud Jr M. D.
Medical Attendant.

Address, 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41009

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE

HEALTH DEPARTMENT JUN 30 1880 BALTIMORE.

Permit No. 41009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Knight

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 59 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City Md

Duration of Residence in the City of Baltimore, Life residence

Place of Death, {Give street and number} 112 N. Greene St.

Cause of Death, First, (Primary,) Congestion of the Brain

Second, (Immediate,) Five hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 1st 1880

Undertaker, Wm Keen

Place of Business, N. Eutaw St

Louis W. Knight M. D.
W. C. Van Bibber M.D. M. D.
in Consultation.
Medical Attendant.

Address, 112 N Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41010.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUN 30 1880 BALTIMORE

Permit No. 41010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosella Christine Taylor

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 4 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 137 N. Davis St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No 137 N. Davis St

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, About 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29 1880

Undertaker, William St Eugee

Place of Business, 62 East St

A. Y. Ewell M. D.
Medical Attendant.

Address, No 169 [illegible] St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41011

The Physician who Attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wallace

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months,* 5 *Days.*

Color, Black

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 47 Hargrove Alley

Cause of Death, {First (Primary,) ——— Second (Immediate,) Cholera Infantum

Duration of Last Sickness, Five (5) days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 30 1880

{*Undertaker,* Jos E. Jones
Place of Business, 1226 Park Ave

T. J. Ward M. D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41012

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 30 1880 BALTIMORE

Date of Death, June 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Davis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* One *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} D. C.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 262 Eastern Av.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Convulsions

Duration of Last Sickness, Three (3) days

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, June 30th

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av

G. L. Wilkins M.D.,
Medical Attendant.

Address, 77 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4164 13 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 30 1880 BALTIMORE

Date of Death, June 28 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Jennings

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* ——— *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 7 Sacks alley

Cause of Death, First, (Primary.) Trial Intuition

Second, (Immediate.) Marasmus

Duration of Last Sickness, all it life

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemet

Date of Burial, June 30 1880

James A Steuart M.D.,

{*Undertaker,* F. A. Kerchner

{*Place of Business,* S. Carroll Av *Address,* Comm of Health & Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by J. V. Fitzpatrick

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41014

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth McLean

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 85 *Years,* —— *Months,* —— *Days.*

Color, white

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} N. Jersey

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number.} 159 Elliott St

Cause of Death, First, (Primary.)

Second, (Immediate.) Senile decay

Duration of Last Sickness, ——

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 29th 1880

{*Undertaker,* John C. Schuh

Place of Business, 265 Alicana St} *Address,* Comm of Health

J. Thos. Kemp M.D., ~~Medical Attendant~~ H Registrar

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by—J. P. Smith [over.]

No. 41015.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reuben Levy

Sex, Male or Female, {cross out the word not required in this line.}

Age, [illegible] *Years,* 4 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 184 N. Eden St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Edgar St Cong. Ceme

Date of Burial, June 30th 80

Undertaker, M. Goldsmith

Place of Business, 53 St. Exeter St

Francis T. Sause M. D.
Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

JULANY & CO. CITY PRINTERS AND STATIONERS.

20 / 1 No. 41016

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 28 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David W. Wallace

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 58 *Years,* ____ *Months,* ____ *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 136 Orchard St

Cause of Death, First, (Primary.) Aortic Regurgitation & Renal congestion

Second, (Immediate.) Uremic Poisoning with Coma

Duration of last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sunday the 1st 1880

Date of Burial, Laurel Cemetery

Undertaker, Wm Jas Gray

Place of Business, 68 Mulberry

F. P. Keller M. D.
Medical Attendant.

Address, 85 N. Gaeene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[97-25]

GUTHRIE & CO. CITY PRINTERS AND STATIONERS.

No. 41017

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Coby

Sex, Male or Female, {cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days.*

Color, Col

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 80 Years

Place of Death, {Give street and number} 13 Gusier St

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Convulsions (Cause Unknown)

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 1 1880

W W Austin M. D.
Medical Attendant.

Undertaker, John L Jones

Place of Business, No 43 Park St *Address,* 192 Pearl St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41018

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 41018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 29 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzy Campbell

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give street and number} 49 Harrison St

Cause of Death, First, (Primary.) Childbirth, this is better if can

Second, (Immediate.) Septicemia, Exhaustion, My Son her once was the Mother

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 1st 1880

Undertaker, John S. Weaver & Co

Place of Business, #22 W. Fayette St

Geo. Magruder M. D.
Medical Attendant.

Address, 43 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41019

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday June 30th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rita Campbell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} # 95 E. Eager St

Cause of Death, First, (Primary,) Enteric Colitis

Second, (Immediate,)

Duration of last Sickness, Four Weeks.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 1st 1880

Wilmer Brinton M. D.
Medical Attendant.

Undertaker, Henry K. Ward

Place of Business, 45 N Gay St

Address, 25 f Greenmount Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41020

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 30 1886 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Veith

Sex, Male or Female, {cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Seamstress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} 8 Wells St.

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,)

Duration of last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 1 1886

Undertaker, Henry Koch

Place of Business, 8 Cy Central Ave

Dr. Brooke Boyle M. D.
Medical Attendant.

Address, 166 E. Eager St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41021

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE

Date of Death, 8 or June 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann M Wallace

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, _____ *Years,* 63 *Months,* _____ *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md USA

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} Cor Ridgley & Cross

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Cerebral Inf. Brain

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, July 10th 1880

A W Bodfish *M. D.*
Medical Attendant.

Undertaker, Collins & Koehler

Place of Business, Sharp & Cross St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 11022

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20 - 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharina Langhlatz

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 26 *Years,* 2 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 357 W. Fayette.

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,)

Duration of last Sickness, 2 or 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Ball's Cemetery

Date of Burial, July 17 1880

Louis L. Horn M. D.
Medical Attendant.

Undertaker, F. Bassler

Place of Business, 379 W. Balt

Address, 226 Newberry E.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41023

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41023

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 2 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Albert Warren

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, 11 Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germantown

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} 67 Elliott

Cause of Death First, (Primary,) Intestinal Inflammation

Second, (Immediate,) about 2 Mos

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 1st '80

Undertaker, W. Frances

Place of Business, 281 Canton Ave

Geo E. Jones Williams M. D.
Medical Attendant.

Address, 17 Patterson Pk.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41024

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand Spence

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, —— *Years,* 3 *Months,* 12 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 244 Cross St

Cause of Death, First, (Primary,) Convulsions —

Second, (Immediate,) "

Duration of last Sickness, One hour —

* All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 1

Undertaker, Hercules Ross

Place of Business, 95 Donnay St

My attending Physician

S. T. Beal M. D.

Medical Attendant.

Address, Coroner 161 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44025

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William J. Duck

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Hostler & Stage Driver

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 454 Saratoga St

Cause of Death, First (Primary,)

Second (Immediate,) Sun Stroke

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, St Thomas cemetery

Date of Burial, July 1st 1880

Alexander Sinclair M. D.
Medical Attendant.
Coroner.

Undertaker, Jos. H. Cook

Place of Business, 1017 W Baltimore Street *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 41026

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41026

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth May Frederick

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 22 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 397 Canton Ave

Cause of Death { First, (Primary,) Inanition
Second, (Immediate,)

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 1th 1880

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Ave *Address,*

E. J. May *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41027

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41027

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen O'Connor

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ~~Forty Two~~ 65 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.} Widow

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 47 years.

Place of Death, {Give street and number} No 7 n. L McElderry St.

Cause of Death { First, (Primary,) Diarrhoea
Second, (Immediate,) Exhaustion

Duration of last Sickness, Twenty Four Hours.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 1st 1880

Undertaker, Wm H Hickman

Place of Business, N. Gay st

A. P. P. Yeats *M. D.*
Medical Attendant.

Address, 137 N Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41028

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41028

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Boyd Dixon

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ~ *Years,* 3 *Months,* ~ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 415 St. Paul St.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 261 Stirling

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, July 1

G. W. Simms M. D.
Medical Attendant.

Undertaker, Wm. H. Taggart

Place of Business, 201 Pac

Address, Co. Stirling & Preston

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41029

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christiana Trunnie

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, One year and eight months

Place of Death, {Give street and number} 90 N. Gay St Home Farm

Cause of Death First, (Primary,)

Second, (Immediate,) B

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, July 1st 1880

Undertaker, Helwig W. Mears

Place of Business, 46 N. Gay St

Jas. Glover M. D.
Medical Attendant.

Address, 90 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41030

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41030

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Johnson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, _____ *Years,* _____ *Months,* 8 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 4 Carlton St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 4 Carlton ~~Ave~~ St

Cause of Death, First, (Primary.) Diarrhoea

Second, (Immediate,) Convulsions

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Sharps St Cemetery

Date of Burial, July 1 1880

Undertaker, William Morgan

Place of Business, No 62 East Street

Thos R Quinan M. D.
Medical Attendant.

Address, " 68 N. Fay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 41031

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41031

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Hogwood

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Nurse

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 376 Park Avenue

Cause of Death {First, (Primary,) Cancer axilla, after Erysipelas in breast

Second, (Immediate,) Exhaustion

Duration of last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, July 1. 1880

Undertaker, John C. Forder

Place of Business, 1263 Park Av

Chas G Dorsey M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41032

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1920 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 20. 1920 (Aorta)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Dilhorn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, V

Place of Death, {Give street and number.} 19 S. Collington Ave

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Et Lanstown

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, July 1st

Undertaker, Henry Sander

Place of Business, 25 S. Eaton St.

G. G. Luck **M.D.,**

Medical Attendant.

Address, Balt. & Mad.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore

Permit No. 41033. *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June. 29 - 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances. Ann. Davis

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 88. *Years,* 4 *Months,* ~~~ *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~~ ~~~

Birthplace, {State or Country and how long in the United States, if of foreign birth.} York Co. P.A.

Duration of Residence in the City of Baltimore, 50 years.

Place of Death, {Give street and number.} 104. Pearl law

Cause of Death, First, (Primary.)

Second, (Immediate.) Old Age.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, July 1 - 1880

Undertaker, Hercules Ross.

Place of Business, Canon & Paca

James Ellis M.D.
Attending Physician.

Address, Comm. of Health

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

BALT.

Cert by John E Pendling

No. 41034

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41034

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 2 1930 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry H. Mitchell

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~9~~ 55 *Years,* — *Months,* — *Days.*

Color, Colored

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Janitor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 24 Aisquith St

Cause of Death { First, (Primary,) Disease Heart (Valvular) Thrombosis
, Second, (Immediate,) Dropsy (General) ?

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 1st 1880

Undertaker, Geo H. Perkins & Co

Place of Business, 120 Hanover St

J. C. A. Gillies M. D.
Medical Attendant,

Address, 150 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41035

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41035

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 12 1882 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7 40m P.M. 29th June, 1882.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emanuel Corbett

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, Fifty-two *Years,* Five *Months,* Four *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.} Widower

Occupation, Formerly a Merchant - out of business lately

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia - Pennsylvania

Duration of Residence in the City of Baltimore, Thirty-six years

Place of Death, {Give street and number} 236 Hanover St - Baltimore, Maryland

Cause of Death, First, (Primary,) Dropsy of the chest after disease of Kidneys

Second, (Immediate,) " " " " " " " "

Duration of last Sickness, I think about 6 or 7 Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 1st/82

Undertaker, George Schilling

Place of Business, Ashland - Lyons

Wm. J. Smith M. D.
Medical Attendant.

Address, 236 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41036

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Yette Dihlow

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number.} 243 W Pratt

Cause of Death, First, (Primary.)

Second, (Immediate.) Apoplexy

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Falls Point Hebrew

Date of Burial, 243 W Pratt

Thomas Cole M.D.,
Medical Attendant.

Undertaker, " Dithen

Place of Business, 625 E Eutaw

Address, 446 [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 41037

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Virginia R. Spilman

Sex, Male or Female, { cross out the word not required in this line. }

Age, 33 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and number } 261 Aisquith St

Cause of Death { First, (Primary,) Pulmonary Tuberculosis — Second, (Immediate,) 6 Months —

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetary

Date of Burial, July 2d 1880

Undertaker, Geo Lernbach

Place of Business, 337 West Pratt St

J H Lamar M. D.
Medical Attendant,

Address, 76 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41038

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30 — 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin Brisco

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* ..... *Months,* ..... *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 3 Yrs

Place of Death, {Give street and number} 16 Wilkinson st

Cause of Death {First, (Primary,) Jaundice

Second, (Immediate,) Convulsions

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Balt- Cemetery

Date of Burial, July 1 80

Undertaker, Christy & Dulany

Place of Business, 262 Light st

L. P. Hellen M. D.
Medical Attendant.

Address, 322 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

No. 41039

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41039

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Brown

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 82 *Years,* *Months,* 10 *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Widower

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 129 Montgomery

Cause of Death, First, (Primary,) Inflammation of bowels

Second, (Immediate,)

Duration of last Sickness, 7 days

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, July 2 80

Undertaker, Anstey & Deery

Place of Business, 1269 Light

H. W. Webster M. D.
Medical Attendant.

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41040

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Montgomery

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 18 *Years,* — *Months,* — *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 6 Pin Alley Baltimore

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number} 6 Pin Alley

Cause of Death { First, (Primary,) ....
Second, (Immediate,) Consumption

Duration of last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 1st 1880

Undertaker, Wm. F. Nichols Jr.

Place of Business, 99 Broadway

H. D. Gillis *M. D.*
Medical Attendant.

Address, 150 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 41041

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 11 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 30th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Haschart

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 44 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, No Occupation.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} # 179 E. Fayette St

Cause of Death, First, (Primary.) Cholera Morbus

Second, (Immediate.)

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, N. Gardner

Date of Burial, July 1st

Undertaker, Jacob Bucher

Place of Business, 224 Canton av.

John A. Rehburger, M.D.,
Medical Attendant.

Address, 243 Aliceanna St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 41042

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41042

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1900 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1 '00

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Seeger

Sex, ~~Male or Female~~, {cross out the word not required in this line.} —

Age, — *Years,* 11 months *Months,* 1 day 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 62 Fredk. Ave. Balto.

Cause of Death, First, (Primary.) Bronchial Pneumonia

Second, (Immediate.) Exhaustion

Duration of last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore, Md.

Date of Burial, 62 Fredk. Ave

W^m A. Jones *M. D.*
Medical Attendant.

Undertaker A. P. Pa[illegible]

Place of Business, 66 Fredk. Ave *Address,* 93 Fredk. Ave Balto. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 41043

Office of Registrar of Vital Statistics.

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 2 11 1880 BALTIMORE

Date of Death, June 30. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Hoellen,

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 506 E. Fayette St

Cause of Death, First, (Primary.) Teething

Second, (Immediate.) Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Alms House burn

Date of Burial, July 1

Undertaker, W. Orpet

Place of Business, 151 S. Bond St

G. G. Kuck M.D.,
Medical Attendant.

Address, Balt. & Mar.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under [illegible] notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1 1880 BALTIMORE

Date of Death, June 30, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Eagle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 194 Franklin st.

Cause of Death, First (Primary,) Injury from falling Timber

Second (Immediate,) of house 194 Franklin st

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 1 1880

Undertaker, S W Chase

Place of Business 80 & 98 Howard st *Address*

Alexander Tenley M. D.
Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41045

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Sparks

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 26. *Years,* *Months,* *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widower~~

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto County Md

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number.} No 4 Parish alley

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 1 1880

Sam'l H. Anderson M. D.
Medical Attendant.

Undertaker, H H Chase

Place of Business No 198 Howard St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Apollonia Schick

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 48 *Years,* 1 *Months,* 19 *Days*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and number.} 109 East av:

Cause of Death, {First (Primary,) Remittent fever

{Second (Immediate,) asthenia

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 2d 1880

{*Undertaker,* Henry Sander

{*Place of Business,* 242 Eastern Ave

Dr Ritterswerd M.D.
Medical Attendant.

Address, 137 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30 80

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Meyer Seligman.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 68 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Second Hand Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Barania

Duration of Residence in the City of Baltimore, Thirty years.

Place of Death, {Give street and number} 23 Pine St

Cause of Death { First, (Primary,) Hepatic Ascess — with Empyema
Second, (Immediate,) " "

Duration of last Sickness, Four Months

All the above Information should be furnished by the Physician.

Place of Burial Chesholm cemetery

Date of Burial July 2nd 1880

W. L. Segelin M. D.
Medical Attendant.

Undertaker, Dorsch

Place of Business, No 207 W Baltimore Street *Address,* W. S. Fayette & Calhoun Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41048

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} A. Wilhelmine Vollers

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* 2 *Months,* ——— *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Eleven years.

Place of Death, {Give street and number.} 121, Vine Street.

Cause of Death, First (Primary,) Typhoid Fever.
Second (Immediate,)

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, German Lutheran Greenhill

Date of Burial, July 1st 1880.

Undertaker, Adam Weidemeyer

Place of Business, 518½ W. Baltimore Str, *Address* 319 W. Fayette Street

Morris Weiner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41049

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1 - 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A McClain

Sex, Male or Female, {cross out the word not required in this line.}

Age, 0 *Years,* 3 *Months,* 2 weeks ~~Days.~~

Color, wht

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Cathedral St north of Federal

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) meningitis

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 1st 1880

Undertaker, Chas T Scruven

Place of Business, 270 N Eutaw

G Lane Tanyhill M. D.
Medical Attendant.

Address, 129 N Bedale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41050

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41050

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida M Coale

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* 1 *Months,* 6 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Ert

Place of Death, {Give street and number} 46 Arch St

Cause of Death, {First, (Primary.) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, Week

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, June 30/80

Undertaker, F A Kelcher

Place of Business, 50 Hamilton Av

Wm B Tainter M. D.
Medical Attendant.

Address, 81 S Poca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41057

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Krabler

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 28 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bayern 5 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} St Josephs Hospital

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 1/2 yr

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cemetery

Date of Burial, July 2 1880

Undertaker, Henry Heath

Place of Business, 32 Gilmor

Geo J Cullen M. D.
Medical Attendant.

Address, 158 N Eutaw St

Extract from Regulations of the Board of Health to secure a Full and Correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER)

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41052

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE

Date of Death, June 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philamena

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 259 Aisquith St

Cause of Death First, (Primary,) Nrgemia - Malampsia

Second, (Immediate,) Cholerine.

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, July 3, 1880

Undertaker, Henry Hoeck

Place of Business, 309 Central Ave

John Morris *M. D.*
Medical Attendant.

Address, 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41053

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41053

OFFICE OF REGISTRATION OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Veronica Jackson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, Dark

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Teacher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} House of Oblate Sisters of Providence

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

Duration of last Sickness, 8 mos

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, July 2d 1880

Undertaker, James P Byrne

Place of Business, No 63 N Front St

F. E. Shattuck M. D.
Medical Attendant.

Address, 114 East av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41054

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE

Date of Death, June 30th 80.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Baehr,

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 52 *Years,* 8 *Months,* ~~26~~ 5 *Days*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Holstein, Germany, 25 Years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 238 Mulberry St

Cause of Death, First (Primary,) Bright's Disease of Kidneys

Second (Immediate,) " " " "

Duration of Last Sickness, Two Years.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 2 1880

Undertaker, Peter Kummert

Place of Business, 317 Mulberry St

Wm. L. Rice M.D.
" " Medical Attendant.

Address, City.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 21062

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41055

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Virginia Dolan

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 11 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, No Occupation

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md Irish Parents

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Eastern Franklin & Exeter sts h. No 7. (House)

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Asthenia

Duration of last Sickness, Fifteen days

All the above information should be furnished by the Physician.

Place of Burial, ~~Loudon Park~~ St Vincent Cemetery

Date of Burial, July 2nd

John H Aldridge M. D.
Medical Attendant.

Undertaker, Kinnaut

Place of Business, 347 Mulberry below Fremont *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41056

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41056

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christie Kearney.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, bet 35 and 36 *Years,* — *Months,* — *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, About Eight Years.

Place of Death, {Give street and number} Federal Hill Opposite Covington St.

Cause of Death, First, (Primary.) Falling of a Sand bank While digging

Second, (Immediate.) in a Cave.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters R. Cem.

Date of Burial, July 2nd 1880

Undertaker, C. P. Krause

Place of Business, 209 Hanover

D. Bell M. D.
Medical Attendant.

Coroner

Address, 161 So. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The special attention of Physicians is respectfully invited to the questions below, and to list of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Wednesday 7 P.M. June 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Smith

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Months,* 25 *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 380 Allsaun St

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 380 Allsaun St

Cause of Death First, (Primary.) Cholera Infantum

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Gem.

Date of Burial, July 2d '80

Undertaker, E. H. France

Place of Business, 280 Pontlan St

J. Dinan M. D.
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41058

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward J. Foster

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 7 Years, 8 Months, 9 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} XXX

Occupation, XXX

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 72 S. Eutaw

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, Several days.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, 1880 - July 2nd

Undertaker, Sept Bro.

Place of Business, 54 N. Broadway

James E. Donnelly M. D.
Medical Attendant.

Address, 276 E. Baltimore Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

72 - 2 - 12

No. 41059

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Wood Carroll

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

18 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 109 N Howard St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.)

Duration of last Sickness, About 18 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, July 3 /80

Helen Jenkins M. D.
Medical Attendant.

Undertaker, H W Jenkins Son

Place of Business, 16 Light St *Address,* 2 E Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41060

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jones

Male, Female, {cross out the word not required in this line.}

Age, 66 *Years,* 4 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pa.

Duration of Residence in the City of Baltimore, 3 Yrs

Place of Death, {Give street and number} 139 Montgomery st

Cause of Death {First, (Primary,) Chronic Diarrhea

{Second, (Immediate,)

Duration of last Sickness, 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 4th 1880

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

J H W Mebzley M. D.
Medical Attendant.

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41061

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie E. Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 65 Amity St

Cause of Death, First (Primary,) Entero-Colitis

Second (Immediate,)

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Sat. July 3.

Undertaker, H. T. Sarrett & Co

Place of Business, No 83 North Gilmor St *Address* 47 Edmondson ave

J. R. Gilbons *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 41062

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41062

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 30th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Lyons

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Fifty three *Years,* ____ *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laundress

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Prince George Co. Md.

Duration of Residence in the City of Baltimore, Sixteen Years

Place of Death, {Give street and number} N. 348. W. Montgomery St.

Cause of Death, First, (Primary,) Exposure and Phthisis

Second, (Immediate,) Laryngitis

Duration of last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 2 - 1880

Undertaker, Samuel A. Chase

Place of Business, 198 S. Howard St.

L. D. Dyer. M. D.
Medical Attendant.

Address, 146 Hill St.

L. D. DYER M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41063

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Matthew B. Sellers.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Gentleman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Kentucky

Duration of Residence in the City of Baltimore, Thirteen years

Place of Death, {Give street and number.} N.E. Cor Wilmington Avenue & Laurate St.

Cause of Death, {First (Primary,) {Second (Immediate,) } Pleuralgia

Duration of Last Sickness, Nearly two Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park,

Date of Burial, July 3d 1880

Undertaker, Wm L Godey & Son

Place of Business, 41 Hanover St

Wm R. McHenry M. D.
Medical Attendant.

Address 71 Hanover Street.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 41064

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Smith

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, _____ *Years,* 2 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 12 N. Amity St.

Cause of Death, First, (Primary,) Acute Hydrocephalus & Peritonitis

Second, (Immediate,)

Duration of last Sickness, Eight weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, July 2nd 1880

John Neff M. D.
Medical Attendant.

Undertaker, Geo R Cook

Place of Business, No 707 N Baltimore street | *Address,* 558 W Lafayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the necessity

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Miller

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* 9 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 3 Wagner Alley

Cause of Death First, (Primary,) Whooping Cough & Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, July 2nd 1880

Undertaker, Jos. B. Cook

Place of Business, No. 707 W. Baltimore Street

W. G. Requier M. D.
Medical Attendant.

Address W. C. Fayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 41066

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franciska Wessele

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* ~~—~~ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and number.} 38 Barnes St

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Summer Diarrhoea

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 2nd 1880

James A Steuart M.D.,

Undertaker, A. Faulk

Place of Business, 461 W. Gay St. *Address,* Commonwealth Avenue

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd by D. P. Smith

The Special Attention of Physicians is Respectfully Invited to the Accompanying Rules.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41067

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Nelson Hagedorn

~~*Sex,*~~ *Male or* ~~*Female,*~~ {cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 40 Wyatt St

Cause of Death First, (Primary,) Scald.

Second, (Immediate,) Pyaemia

Duration of last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 2nd

A. McC. Mus- M. D.
Medical Attendant.

Undertaker, Armstrong & Denny

Place of Business, 263 Light St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41068

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41068

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A. Kelly

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number} 59 Gibbs Court

Cause of Death {First, (Primary,) Pneumonia

Second, (Immediate,) 4 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sand Cemetery

Date of Burial, July 2 1880

Undertaker, William McDuyee

Place of Business, 62 East St

S. M. Hunter M. D.
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41069

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Fax

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 0 *Years,* 5 *Months,* 0 *Days.*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 315 N. Howard St

Cause of Death First, (Primary,) marasmus

Second, (Immediate,) —

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Penn. Sharon St. Cem.

Date of Burial, July 2d 1880

Undertaker, Wm. H. Burns & Co.

Place of Business, 97 W. Pratt

G. Lane Tanyhill M. D.
Medical Attendant.

Address, 129 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 11070

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Friday July 2 — 1880 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Dorsey —

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 64 *Years,* — *Months,* — *Days.*

Color, White —

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Druggist —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md —

Duration of Residence in the City of Baltimore, Died Here

Place of Death, {Give street and number} Mrs. Ann Dorsey 8 Broadway

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 2nd 1880

Undertaker, H W Jenkins Son

Place of Business, 16 Light St.

S. D. Steele M. D.
Medical Attendant.

Address, Mrs. Ann Dorsey 8 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41071

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Elliot Parran

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 3 weeks ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 696 Hanover St Balto

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 696 Hanover st

Cause of Death {First, (Primary.) Cholera Infantum

Second, (Immediate,) .....

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, July 4th 3.

Undertaker, B. Carlin

Place of Business, 711 Light St

Thos S Smith M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 41072 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Lyon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 35 Poultr St

Cause of Death, First, (Primary.)

Second, (Immediate.) Dentition

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, July 3d 1880

Undertaker, Chas Scriven

Place of Business, 271 W Eutaw St *Address,*

Wm Whitridge M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 41073

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, June 30 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Pratt (Mother)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* ——— *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 181 Chesnut Alley

Cause of Death, First, (Primary.)

Second, (Immediate.) Chol Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 2 1880

Undertaker, W. H. Bishop Jr.

Place of Business, Druid Hill Ave *Address,* Comm of Health

H Physician

M.D.,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by G. E. Brown

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41074

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, *Years,* about 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the City of Baltimore, Institution 6 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death, First, (Primary,) Congenital syphilis

Second, (Immediate,)

Duration of last Sickness, from Birth

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 3. 1880

Undertaker, Jos O'Brannigan

Place of Business, 15th Division St.

Manning Brown M. D.
Medical Attendant.

Address, 6 E Mc Culloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* About 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Institution 10 days

Place of Death, {Give street and number} St Vincents Infant asylum

Cause of Death { First, (Primary,) Marasmus
Second, (Immediate,) asthenia

Duration of last Sickness, when admitted

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 3. 1880

Undertaker, Jos Bragunza

Place of Business, 156 Division St.

Marbury Brown M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41076

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 13 BALTIMORE

Permit No. 41076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Ritterich

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, 65 *Years,* ..... *Months,* ..... *Days.*

Color, Wh

~~*Married, Single,* Widow *or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 years 3 mos

Place of Death, {Give street and number} 29 Bedford Alley

Cause of Death, First, (Primary,) Gastro-Enteritis

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels

Date of Burial, Saturday July 3rd 80

Undertaker, Henry Bein

Place of Business, 252 Aliceanna St.

H. Mathes M. D.
Medical Attendant.

Address, 24 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 41077 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Stevens

Sex, ~~Male or~~ Female {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 54 Philpot St.

Cause of Death, First, (Primary.) Inflammatory Phthisis

Second, (Immediate.) Anemia

Duration of Last Sickness, Few months

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemitery Phila Road

Date of Burial, July 3rd 1880

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

Jno. S. Lynch M.D.,
Medical Attendant.

Address, 178 Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41078.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Albert Bowles

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 2 *Months,* 11 *Days.*

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 41 Town St.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Inanition

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 2. 1880

Undertaker, John C. Conley

Place of Business, 82 & 83 Pulaski

J. E. Lindsay M. D.
Medical Attendant.

Address 109 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 41079 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles W. Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 1 *Months,* 12 *Days.*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} M

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 82 Sterling Street

Cause of Death, First, (Primary.) Marasmus Enteritis

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Shanks St. Cem

Date of Burial, July 2nd 1880

Undertaker, A. Wayman

Place of Business, Saratoga St

James A. Steuart M.D., Medical Attendant

Address, Corner of Steph & Pulaski

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Jos. P. Smith

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McCandish

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 1 *Years,* 4 *Months,* — *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give street and number.} 2 ½ N Gilt Place

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Asthenia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cem

Date of Burial, July 2 1880

Undertaker, Mrs. Ellen Young

Place of Business, —

Chas. A. Morfit M.D.
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jonas. W. Rauckel

~~Sex,~~ *Male* ~~or Female,~~ {cross out the word not required in this line.} Male

Age, 50 yo *Years,* 8 *Months,* 13 *Days.*

Color, White

Married, ~~Single,~~ ~~Widow~~ *or* ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, Minister of the Gospel

Birthplace, {State or country, (and how long in the United States, if of foreign birth.)} Lehigh County Pennsylvania

Duration of Residence in the City of Baltimore, 5 years 3 months

Place of Death, {Give street and number} 37 Conway st

Cause of Death First, (Primary,) Gastric Fever

Second, (Immediate,) Intermitent

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Allentown Pa

Date of Burial, 3 July

Undertaker, D. Wilgand

Place of Business, 66 Druid Hill Ave

S. Enterline M. D.
Medical Attendant.

Address, 558 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Granset 1828

Board of Health, City of Baltimore,

Permit No. 41082 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} albert Kellerman

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ~~~ *Years,* 4 *Months,* ~~~ *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 139 Druid Hill ave

Cause of Death, First, (Primary.) Cold

Second, (Immediate.) Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 2nd 1880

James A Steuart M.D.,

Undertaker, W. H. Bishop

Place of Business, Druid Hill ave *Address,* Comm of Health Registration

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Exam by Geo E. Brown

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41083

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1880
BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~June~~ July 2 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Sharp

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, Wht

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and number} 18 Church

Cause of Death First, (Primary,) Asthma & ulceration

Second, (Immediate,) Bronchitis Chron

Duration of last Sickness, 3 yrs

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, June 4 80

Undertaker, Boustead & Denny

Place of Business, No 263 Light

R. H. P. Ellen M. D.
Medical Attendant.

Address, 315 Light st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1880 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Clocker

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 16 *Years,* 3 *Months,* *Days.*

Color,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 475 E. Eyland Ave

Cause of Death {First, (Primary,) Tubercular Consumption

{Second, (Immediate,)

Duration of last Sickness, 16 Months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Balt July 4th 1880

Undertaker, Geo. Schilling

Place of Business, Monument St

Wm. L. Russell M. D.
Medical Attendant.

Address, Broadway & Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41085

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1888 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas M. Chandler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* 28 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 75 N. Paine St. Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 75 N. Paine St. Baltimore

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, about one month

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 3 1888 Wm. Williams M. D.
Medical Attendant.

Undertaker, D. M. Leonard & Son

Place of Business, 782 W. Baltimore Address Fayette & Eutaw Sts

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2 / 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Bowman

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number} University Hospital

Cause of Death First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) apnoea asthenia

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cem.

Date of Burial, July 3rd

Undertaker, W. C. Liffel

Place of Business, 1 Bond st. 151

[signature] M. D.,
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 41087

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M. Schwinger

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 11 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 376 Druid Pl.

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Convulsions

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Sol Saulus Cemetery

Date of Burial, July 4th 1880

Undertaker, Casper Eckhardt

Place of Business, 269 Canton Ave

G. G. Rusk M.D

Medical Attendant.

Address, Balt & Pratt

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41088

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A Nellie Procter.

Sex, ~~Male~~ *or Female,* {Cross out the ward not required in this line.} Female

Age, ~~Years,~~ 9 *Months,* *Days.*

Color, Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 67 Little McElderry St.

Cause of Death, {First (Primary,) Infantile remittent. Second (Immediate,) Exhaustion.

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 3rd 1880

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga St.

Irving Miller M.D.
Medical Attendant.

Address 179 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Lee.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, Blk. *Sex,* Female.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City. (106 Vine st.)

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 106 Vine st.

Cause of Death, First (Primary,) .....

Second (Immediate,) Pneumonia.

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 3rd 1880

Undertaker, Wm. Lamb

Place of Business, 60 Amsbury st

Jas. F. Wiltshire, M. D.
Medical Attendant.

Address Fayette & Paca sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41091

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob J Warnick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* .....

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} S Eden 1.57

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Exhaustion

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenly Cemetery

Date of Burial, July 4th 90

Undertaker, H. Hank

Place of Business, 33 Bank St

John A Schultz M. D.
Medical Attendant.

Address 1 E Lan Lough & Edwards

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 24091

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44091

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Cook.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 43 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single Federal Army before Petersburg.

Occupation, Stone cutter - Lost left Arm at Shoulder Joint in

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 9 Centre Market Space

Cause of Death, First, (Primary.) Cirrhosis of Liver

Second, (Immediate,) ____

Duration of last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 4, 1880

D. M. Cathell *M. D.*
Medical Attendant.

Undertaker, Thos S Hughes

Place of Business, 60 E. Pratt St *Address,* 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Snyder Campbell

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 6 *Months,* 20 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 30 Jew alley

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate,)

Duration of last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, July 3rd 80

Undertaker, Thos J Locke

Place of Business, 73 Jefferson

Wilmer Linton M. D.
Medical Attendant.

Address, 25 ½ Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41093

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41093

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 8 1880 BALTIMORE

Date of Death, July 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Duley

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, 69 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married, Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Delaware Co. Penn.

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number} 213 Forest St.

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Exhaustion

Duration of last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Greenmt Cemetery

Date of Burial, July 3rd 1880

E. B. Britton M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St *Address,* 305 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3d 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan O. Brian

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, Seventy *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, About Thirty five years.

Place of Death, {Give street and number} 25 Eastern Avenue

Cause of Death {First, (Primary,)} Indigestion

{Second, (Immediate,)} Acute inflamation of the bowels

Duration of last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, July 5th 1880

Undertaker, John S. Weaver & Co

Place of Business, #22 W. Fayette St

Milton S. Taylor M. D.
Medical Attendant.

Address, Broadway & McElderry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Gephard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 6 *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 203 Hudson St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Dropsy.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemty J. H. Martin M. D.

Medical Attendant.

Date of Burial, July 3d

Undertaker, H Frochlich

Place of Business, 246 Eastern Av *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Jackson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* 11 *Months,* 15 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 13 Wilmer Alley

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Convulsions

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, July 3rd 1880

Undertaker, Wm. Leisch Jr.

Place of Business, 97 Druid Hill Ave.

H. A. Christian M. D.
Medical Attendant.

Address, 431 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41097

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johnathan L. Forrest.

Sex, Male or Female, { cross out the word not required in this line. } ~~Female~~

Age, 58 *Years,* ~ *Months,* ~ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Single~~, ~~Widow~~ or ~~Widower~~

Occupation, Engineer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Salem N. J.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and number } 606 Hill St

Cause of Death, First, (Primary.) Leucocythemia

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 6th

Undertaker, Denny & Armstrong

Place of Business, Light & Montgomery

Gerard Ruter M. D.
Medical Attendant.

Address, 49 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Back of Blank of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Marcus M Hanus~~ Friday July 26 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marcus M. Hanus

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 44 Years, ... Months, ... Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Storekeeper

Birthplace, {State or country, (and how long in the United States if of foreign birth.} New Bedford Mass.

Duration of Residence in the City of Baltimore, 7 Years.

Place of Death, {Give street and number} 217 Greenmount Ave.

Cause of Death, First, (Primary.) Excessive use of Opium & its preparations

Second, (Immediate.) Paralysis of the Brain

Duration of last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 3rd 1889

Undertaker, Wm H. Hickman

Place of Business, 2342 E. Gay St

Wilmer Brinton, M. D.
Medical Attendant.

Address, 25½ Greenmount Ave

HEALTH DEPARTMENT JUL 3 1889 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Balti

No. 41099

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, and it, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH D... JU... 18... BALTI...

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilly M. McCormick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* 11

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 724 Light St.

Cause of Death, First, (Primary.)

Second, (Immediate.) Intermittent Hemiplegia

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, July 5th

Undertaker, H. Boeil

Place of Business, Hanover to 81

By Howard Co...

Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of ...

Section 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth when the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelia Braymund

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number} 5 Union Court

Cause of Death First, (Primary,) Apoplexy

Second, (Immediate,) 4 weeks

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 3 1880

Undertaker, C W Blair

Place of Business, 16 & 18 Howard St

S. M. Hunter M. D.
Medical Attendant.

Address, 36 Gwynn Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore,

Permit No. 41101 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 2 " 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Herbert

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Prince Georges Co

Duration of Residence in the City of Baltimore, 11 Months

Place of Death, {Give street and number.} 410 Colvin alley

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Cholic Infantilum

Duration of Last Sickness, One days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cmty — James A Lewis M.D.

Date of Burial, July 3 " 1880 — Medical Attendant

Undertaker, L. A. Kerchner

Place of Business, Corner — *Address,* Comm of Health Physician

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Drawn by J. V. Fitzpatrick

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1889 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1889

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A. Anderson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give street and number.} 42 Argyle Ave

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Penn R.R. Mine M. D.

Date of Burial, July 4 Medical Attendant.

Undertaker, [redacted]

Place of Business, 207 [redacted] *Address* [redacted]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 41103

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 4 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalina Glaab

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 59 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baden Germany

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} Cor Holland & Central Ave

Cause of Death, First, (Primary.) Phthisis with Uterine Cancer

Second, (Immediate.) Exhaustion.

Duration of Last Sickness, About Four years.

All the above information should be furnished by the Physician

Place of Burial, Saint Alphonsus Cemetery

Date of Burial, 5 June

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

Wm. Whitridge M.D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 41104 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 3 4 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 3 - 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Shea A. Mary Jane. Shea

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, ~~0~~ *Years,* 2. *Months,* ~~0~~ *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Single~~

Occupation, ~~Child~~ ~~Child~~

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Chesnut N Ber. Fayette Wm. Douglas

Cause of Death, First, (Primary.) Mal. Nutrition

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 3 days,

All the above information should be furnished by the Physician.

Place of Burial, E. Balt Cemetery

Date of Burial, June 3rd 1880

Undertaker, P. Mullin

Place of Business, P. P. Avenue

James A Steuart M.D., Medical Attendant.

Address, Comm of Health Baltimore

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Ex by Jno E Armstrong

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41105

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 4 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 3rd July 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cain

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, in 39th year *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Bar Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, ~~142 Little Greene St~~

Place of Death, {Give street and number} 142 Little Greene St

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 4th 1880 H. W. Nebeker M. D.

Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 271 N Eutaw Address, 67 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred Wessler

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 42 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bost Pk

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and number} 1 Bost Pk

Cause of Death, First, (Primary,) Ignition

Second, (Immediate,)

Duration of last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, Cf Greenmount Cem

Date of Burial, July 4, 1880

Undertaker, Henry Hoch

Place of Business, 309 Canton Av

M. D.
Medical Attendant.

Address, 361 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Rice

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 32 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, Hackman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} x

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} City Hospital

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,) Oedema of Lungs

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Luther's Retreat Cemetery

Date of Burial, July 3d

F. B. Dudley M. D.
Medical Attendant.

Undertaker, J. Gilmison

Place of Business, No 12 Bath St *Address,* City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41108

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1893 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20, @ 9 o. clock, A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eliza Hamm

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* Seven *Months,* Seven *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No. 130 Ramsey St. Virginia born.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 130 Ramsey St.

Cause of Death { First, (Primary,) Cholera Infantum.
Second, (Immediate,)

Duration of last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Shark St Cemetery

Date of Burial, July 4

Undertaker, Hercules Ross

Place of Business, 95 Aisquith St

Wm. R. Chesdon M. D.
Medical Attendant.

Address, 1 E. Ea Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41109

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amos Dorsey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* four *Months,* — *Days.*

Color, Mulatto, *Sex,* ———

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 9 Clinton Ave,

Duration of Residence in the City of Baltimore, 5 Months,

Place of Death, {Give street and number.} No. 34 Columbia Ave.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Prostration.

Duration of Last Sickness, One Month.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 4

F. B. Gardner M. D.
Medical Attendant.

Undertaker, Hercules Ross

Place of Business, Holliday St *Address* 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/11/80

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 2nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Hurlan

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 34 Liberty-alley.

Cause of Death, First, (Primary.) Old age & General Debility

Second, (Immediate,)

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 4th 1880

Undertaker, James P. Byrne

Place of Business, No 62 N Front St

Edward J. Duvall M. D.
Medical Attendant.

Address, 1334 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 41111

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leo. M. Flynn

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number.} No 8 Arlington Ave

Cause of Death, First (Primary,) Cholera Infantum.

Second (Immediate,)

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 4

Undertaker, Matthew Cadden

Place of Business, 227 Madison St

John. T. A. Shyer M.D.
"
Medical Attendant.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 2 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Schal

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 18 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 344 Hamburg st.

Cause of Death { First, (Primary,) Hydrocephalus
, { Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co'm

Date of Burial, July 5th 1880

Undertaker, Julius Koetzler

Place of Business, Harper Cross

C. L. Buddleboby M. D.
Medical Attendant.

Address, 66. S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Not named Nancy Grace Smith

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 W. 4 Days ~~Days~~

Color, Colored *Sex,* Females

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 52 Bruce St

Cause of Death, First (Primary,) Broncho Pneumonia

Second (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, July 4th 1880

{*Undertaker,* William Burique

Place of Business, No 62 East Street

J. C. Thomas M. D.

Medical Attendant.

Address 41 N. Penn St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/1114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 1880

CERTIFICATE OF DEATH.

Date of Death, July 3 80 (Sudden)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Swagert

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Mechanic

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington DC.

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and number} 40 Ryan St.

Cause of Death, First, (Primary,) Ph Illness

Second, (Immediate,)

Duration of last Sickness, Four(4) Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 4

Undertaker, Joseph F Cook

Place of Business, 707 West Butler

H. L. Shiau M. D.
Medical Attendant

Address, 387 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41115

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lonian Brown

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 10 *Months,* 12 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ——

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} * 63 Chanut St

Cause of Death, {First (Primary,) Cerebral Congestion / Second (Immediate,) Convulsions Thrombosis

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Laurel sementery

Date of Burial, July the 4 1880

Undertaker, Charles L White

Place of Business, No 31 Granby St

Saml F Bell M.D.
Medical Attendant.

Address * 134 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 41116

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 41116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie J. Davis

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* 4 *Months,* 24 *Days.*

Color, B Coloured

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number } 114 Stiles al

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) ____

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July the 4 1880

H. F. Hill *M. D.*
Medical Attendant.

Undertaker, Charles L. White

Place of Business, No 35 Granby st *Address,* 361 Eastlee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugo Knutchen

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 2 Cookie Al—

Cause of Death { First, (Primary,) Convulsions
Second, (Immediate,) "

Duration of last Sickness, 24 hours, As attending Physician

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem. | Sat Beel M. D.

Date of Burial, July 4, 1880 | Coroner —

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway | *Address,* 161 Shamp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank Barnet

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 11 *Years,* *Months,* *Days.*

Color, Colored *Sex,* male

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Calvert Co Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and number. } 50 Canal alley

Cause of Death, { First (Primary,) Lock Jaw / Second (Immediate,) Tetanus

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, July 5th 1880

H. D. Borden. *M. D.*
Medical Attendant.

{ *Undertaker,* Chas. T. Sariver *Address* 152 Madison St.
{ *Place of Business,* 271 E Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 41119

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. E. Jackson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 568 Light

Cause of Death, First, (Primary.)

Second, (Immediate.) Lockjaw

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 5th 1880

Thos. Emmert Jr. M.D.,
Medical Attendant.

Undertaker, R. Harle

Place of Business, No. 411 Light St. *Address,* 14 So. Hanover St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 41120 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 4 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph W Nichols

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 152½ Howard St

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, July 4th 1880

Undertaker, C. A. White

Place of Business,

Geo. H. Lewis M.D.,

Address, Comm of Health Hodges bro

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Jos V. Fitzpatrick

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/1142/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 18 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Young

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* two *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, two Months

Place of Death, {Give street and number.} 313 North Exeter Avenue

Cause of Death, First (Primary,) Whooping Cough

Second (Immediate,) Spasms

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Hanover — Pa —

Date of Burial, July 5. 1880

Undertaker, C. H. Blizzard

Place of Business, Penna. Ave & Dolphin

W. H. McAllister, M. D.
Medical Attendant.

Address 71 Franklin st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

1829 Franklin

[OVER.

No. 411021

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 41122

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 0 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3.d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Brown

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~0~~ *Years,* ~~0~~ *Months,* 6 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 28 N. Amity St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 28 N. Amity St.

Cause of Death, First, (Primary,) Exhaustion

Second, (Immediate,)

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 4th

Dr. Sutton St. M. D.
Medical Attendant.

Undertaker, Mr Rowe

Place of Business, Pohlman & Co. *Address,* #432 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER)

No. 44120

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44123

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 0 16 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andreas Gunner

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 *Years,* *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 155 S. Madeira alley

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, [redacted]

Undertaker, [redacted]

Place of Business, [redacted]

James O. O'Shaw M. D.
Medical Attendant.

Address, 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/1/24

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 4 16 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Bella Miles

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* ..... *Months,* ..... *Days.*

Color, Col

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, life-time

Place of Death, {Give street and number.} 753 John St.

Cause of Death, First (Primary,) Meningitis (Tubercular)

Second (Immediate,) Coma

Duration of Last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 5 - 1880

Undertaker, S. W. Chase

Place of Business No 178 S Howard St.

Wm. T. Lockwood M. D.
Medical Attendant.

Address Park & Madison Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the General Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} P A a Lange

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Locksmith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany - 26 years in US

Duration of Residence in the City of Baltimore, - 23 years

Place of Death, {Give street and number} University Infirmary: Res 31 King St

Cause of Death First, (Primary.) Intemperance

Second, (Immediate.) Suicidal dose of Arsenic

Duration of last Sickness, 7 hours

All the above Information should be furnished by the Physician.

Place of Burial, West Public Cemetery

Date of Burial, July 5/80

Undertaker, Pfarrkirchner

Place of Business, No 50 Harrollton Av *Address,* Coroner

Edmund R Walker M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and co... of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in ... it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case come under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 44126

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Auld

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 83 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot County, Md.

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give street and number} 3 S. Washington Street

Cause of Death, First, (Primary,) Senile decay

Second, (Immediate,)

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 6th 1880

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St

James R. McShane M. D.
Medical Attendant.

Address, 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OV 48.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1880 BALTIMORE

Date of Death, July 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm S Lindsey

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 16 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 113 N Chester St.

Cause of Death First, (Primary.) Typhoid Fever

Second, (Immediate.)

Duration of last Sickness, Since June 28th

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 5th 1880

Undertaker, Elisha Cox

Place of Business, 1486 Bank St

James E Donnelly M. D.
Medical Attendant.

Address, 199 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha H. Keene

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, _____ *Years,* _____ *Months,* 21 *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 60 Bevan Street

Cause of Death, First, (Primary.) Cholera infantum

Second, (Immediate,) Dysentery

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 5th

Undertaker, H. Bailey

Place of Business, Penn Ave 81

H. C. Welty M. D.
Medical Attendant.

Address, 168 Hanover Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 41125

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 5 1880 BALTIMORE, MD.

Date of Death, July 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton Becker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 29 *Days.*

Color, W. Male

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} B. C City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} N. E. Cor. Pratt and Ann

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Asthenia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetary

Date of Burial, July 6th

Undertaker, Mr. J. Frame

Place of Business, Eastern Ave near Ann

G. L. Wilkins M.D.,
Medical Attendant.

Address, 1 S. Broadway.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 41130

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41130

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Simpson

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 433 N Carey st

Cause of Death, { First, (Primary,) Infantile Marasmus

{ Second, (Immediate,)

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, London Park Ch

Date of Burial, July 5 1880

Undertaker, Wm Slingluff

Place of Business, N. 150 Hanover st

A J Wilcox M. D.
Medical Attendant.

Address, Carey & Fayette sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41131

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FIRE DEPARTMENT JUL 1880 ALTIMORE.

Date of Death, July 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Talbot

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 77 *Years,* 3 *Months,* ..... *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto County

Duration of Residence in the City of Baltimore, 55 Years

Place of Death, {Give street and number} 186 N. Caroline St.

Cause of Death, First, (Primary,) Diarrhea

Second, (Immediate,) Gastro-enteritis

Duration of last Sickness, 20 Days

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, July 5th 1880

Undertaker, Wm H. Hickman

Place of Business, 234 N Gay St

J. J. Gosh M. D.
Medical Attendant.

Address, 137 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44132.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday July 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B Fusselbaugh

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} 15 8 E. Monument St.

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,)

Duration of last Sickness, One Month.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Penn

Date of Burial, July 5th 1880

Wilmer Brinton M. D.
Medical Attendant.

Undertaker, Wm H. Hickman

Place of Business, 234 N. Gay St. *Address,* 25 f Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1930 BALTIMORE

Date of Death, July 4th 80,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Munsell "

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* " *Months,* " *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} "

Occupation, House Keeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number.} No 3 Spring Court

Cause of Death, First (Primary,) Cancer of Kidney's

Second (Immediate,) Dropsy

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetary

Date of Burial, July 6th 80

Undertaker, Rah & Bartle

Place of Business, 62 ½ W. Balto St

E. H. Mans M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1880 BALTIMORE

Date of Death, July 3 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura F. Rockwell

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 5 *Years,* 1 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 366 Williams St.

Cause of Death { First, (Primary,) Dysentery
Second, (Immediate,) 7 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hills

Date of Burial, July 5 1880

Undertaker, C. F. Krause

Place of Business, 209 Hanover

J. H. Smith M. D,
Medical Attendant.

Address, 118 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Corbitt

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 9 *Months,* 4 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 144 Hughes St

Cause of Death, First, (Primary,) Diarrhoea

Second, (Immediate,) Convulsions

Duration of last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 1880

D Sullivan *M. D.*
Medical Attendant.

Undertaker, C F Krouse

Place of Business, ____ *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41136

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41136

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Brannan

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* ____ 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} S. Guilford Alley

Cause of Death, First, (Primary,) Congestion of Brain

Second, (Immediate,) Apoplexy

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, July 5th 1880

Undertaker, C. F. McGraw

Place of Business,

Edward Ball M. D.
Medical Attendant.

Undertaker Attendant
No. Wood

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th, 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Poerinpa (Sister Mary Joseph de Notre Dame)

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, School Sister de Notre Dame

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Convent de Notre Dame, Hoyt St.

Cause of Death { First, (Primary,) Chronic Bronchitis
Second, (Immediate,)

Duration of last Sickness, Two Months and Three Hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsius Cem

Date of Burial, July 6th 1880

John B. Monnanii M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 N. Gay St, Address, Balto Co. Calvert & Read

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1900 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Monday 2 15th & 16 July 5th 1900

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hailey + Mary A. Lee Wife

Sex, Male or ~~Female,~~ {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* ____ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 159 Chesapeake St

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} 159 Chesapeake

Cause of Death {First, (Primary.) Syncope

{Second, (Immediate.) Polynamia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, July 5th

Undertaker, Henry Sander

Place of Business, 25 Carlton St

C. E. Pickard M. D.
Medical Attendant.

Address, 25 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 41135

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1880 BALTIMORE

Date of Death, July 5 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie S Birk

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~ *Years,* 8 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 502 Hanover St

Cause of Death, First, (Primary.) Teething

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 6

Undertaker, Henry Brill

Place of Business, Hanover St 81

Peter Birk M.D.,
Medical Attendant.

Address, 46 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1880 BALTIMORE

Date of Death, July the 4 th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Harvey

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 14 *Years,* 0 *Months,* 0 *Days.*

Color, Light brown

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, none

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore County

Duration of Residence in the City of Baltimore, One year

Place of Death, { Give street and number } No 203 Preston st

Cause of Death { First, (Primary,) Inflamation of the Bowels / Second, (Immediate,) Mortification

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 5th 1880

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw Address, Cor Dolphin & Druid Hill Ave

B F Bohrer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4. 11. a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes. Hautzman

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, O

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pensylvania

Duration of Residence in the City of Baltimore, Six years

Place of Death, {Give street and number} 572 Hollins Str.

Cause of Death First, (Primary,) Ovaritis

Second, (Immediate,) Abscess.

Duration of last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cem

Date of Burial, July 6. 1880

Undertaker, John L. Paulus

Place of Business, 66 Fredrick ave

John L. Fitzer M. D.
Medical Attendant.

Address, 160 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 40143

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Sophia Doll

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~~ *Years,* Three *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 57 Pentalas St.

Cause of Death, First, (Primary,) "Cholera Infantum"

Second, (Immediate,) Convulsions

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetary

Date of Burial, July 6th

Undertaker, John P Pantus

Place of Business, 66 Fredrick ave

J. [illegible] M. D.
Medical Attendant.

Address, 58 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41143

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John L. Kemp

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, — *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ca-5

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } # 6 Hawk

Cause of Death { First, (Primary,) Meningitis

, { Second, (Immediate,)

Duration of last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Schuetz B. Ground

Date of Burial, July 6, 1880

Undertaker, H. A. Dauer

Place of Business, 74 S. Broadway

J. D. Turner M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41144

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Reardon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 ~~Years~~, ~~Years~~ *Months,* *~~Days~~*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} St. Charles, Kane Co. Ill.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} St. Vincents Hospital

Cause of Death, First (Primary,) Typhoid fever

Second (Immediate,)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, July 5th 1880

Undertaker, James P Byrne

Place of Business, 1063 N Grant St

I H Butler M. D.
Medical Attendant.

Address 144 Mulberry Sty.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 41145

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 5 1880 BALTIMORE

Date of Death, July 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Mc Garvey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Entire Life

Place of Death, {Give street and number.} 1417 E. Chase St.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Asthenia

Duration of Last Sickness, About 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, July 5th 80

G. L. Willis M.D.,
Medical Attendant.

Undertaker, M. Fraher

Place of Business, 280 Canton ave *Address,* 1417 E. Chase

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 44146

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Burnard Schafer

~~Sex~~, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 1 *Years,* *Months,* *Days.*

Color, W.T.

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 122 E. Lexington St

Cause of Death, First, (Primary,) Gastro-Enteritis

Second, (Immediate,) Collapse

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, July 6th 80

Undertaker, M. St. Francis

Place of Business, 250 Canton Ave

F. Slattery M. D.
Medical Attendant.

Address, 245 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 41147

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Brown,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 432 S. Castle

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate.) Effusion of serum

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 5th '80

H. G. Lusk M.D.

Medical Attendant.

Undertaker, M. Frazer

Place of Business, 280 Canton Ave

Address, Balt. Md.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41148

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 5
1880
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno Dowd

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 36 *Years,* *Months,* *Days.*

Color, colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, Most life

Place of Death, { Give street and number } Dugan's Wharf

Cause of Death, First, (Primary,) Intemperance

Second, (Immediate,) Apoplexy probably

Duration of last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, C & P Cemetery

Date of Burial, July 4

Undertaker, Robert A Mullin

Place of Business, W. side Dugan to Lemmon

Edmund Wrilke M. D.
~~Medical Assistant.~~

Address, Corner N Pt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OV.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Cath. Schreiner

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 80 *Years,* 11 *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, { Give street and number } 141 Pierce

Cause of Death, First, (Primary,)

Second, (Immediate,) Old age

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 5th 1880

Louis C. Schreiner M. D.
Medical Attendant.

Undertaker, Jos H. Bach

Place of Business, No 707 N. Baltimore Street

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41150

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 30 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Dorothy Schumann

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 2 Emory st

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,)

Duration of Last Sickness, 10 hours

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery J. Harvey Hill M. D.

Date of Burial, July 3d Medical Attendant.

Undertaker, H. N. Troll. *Address* 119 Edmondson Av

Place of Business, 131 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41151

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Rouze.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 27. *Years,* ~ *Months,* ~ *Days.*

Color, Mulatto

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 27. Liberty Road. near Carey

Cause of Death, First, (Primary,) Consumption of Lungs.

Second, (Immediate,) Diarrhea

Duration of last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 5. 1880

Undertaker, John C. Jordan

Place of Business, No 63 Park St.

G. W. Morris M. D.
Medical Attendant.

Address, Constitution & Preston

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richd Brown

~~*Sex,* Male or Female,~~ {Cross out the words not required in this line.} Male

Age, 23 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married,* Single, Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 273 Madison Ave

Cause of Death, {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,) Diarrhoea

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Thos. S. Latimer M.D.

Medical Attendant.

Place of Burial, Greenmount

Date of Burial, July 5th

Undertaker, C H Blizzard

Place of Business, 201 Aisquith

Address, 187 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 44153

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Guenther

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 93 n Spring st

Cause of Death { First, (Primary,) Croup (pseudo membr.) / Second, (Immediate,) apnoea

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 6 1880

Undertaker, J. J. Sweeney

Place of Business, 57 Orleans *Address,* 256 n Eden st

F. A. Warner *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 3 1880 BALTIMORE.

Permit No. 4411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella O Barker

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 23 *Years,* 3 *Months,* 15 *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number} No 246 N Caroline st Balto

Cause of Death { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) For 6 months & more

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 6th

Undertaker, Fry & Sons

Place of Business, 512 Broadway *Address,* No 121 E Balto st

J Ridgway Dudley *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41158

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Haase

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 63 *Years,* *Months,* *Days*

Color, W

~~Married~~, ~~Single~~, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} McElderry 2nd door West of

Cause of Death, {First (Primary,) 2 Heart Disease. Dropsy

Second (Immediate,) 3

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, July 6

Undertaker, John Herring

Place of Business, 382 Eastern Av

Chas M. Marsh M.D.
Coroner E. D.
Medical Attendant.

Address, 67 East St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 41156

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1880 BALTIMORE

Date of Death, July 4

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wesley Cephas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, Dark

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 192 Sterling St

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Anhemia

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 7th 5th 1880

F. E. Chatard Jr M. D.
Medical Attendant.

Undertaker, Wm James Gray

Place of Business, 66 Mulberry St *Address* 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE JUL 1880

Date of Death, July 4th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Winkler

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 82 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, 0

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give street and number} 12 W Lumbert St

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,) Consumption

Duration of last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 6th 1880

Undertaker, Chas. F. Scheuer

Place of Business, 271 N Eutaw

John J. Fiter M. D.
Medical Attendant.

Address, 160 Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41158

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles N Oehm

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 47 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Merchant Clothier

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give street and number} 72 Barre st

Cause of Death, First, (Primary.) moribund when first seen by us became

Second, (Immediate,) could get no urine but suspect Bright

Duration of last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 6th July 1880

Undertaker, H W Jenkins & Son

Place of Business, 16 Light st.

C Winslow MD
23 McCulloh st
Saml I Knight M. D.
Medical Attendant
by Dr Winslow

Address, Green st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to that of Burials on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5-th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Hilton Keen

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 22 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } W. Pratt Street

Cause of Death, { First, (Primary,) Cholera infantum / Second, (Immediate,) Inanition

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 6

Undertaker, H Breil

Place of Business, 81 Henrietta St

J. K. Hiley M. D.
Medical Attendant.

Address, 158 Hanover Street Baltimore City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 41160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Berg

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 *Years,* 7 *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 22 Rock St.

Cause of Death, { First, (Primary,) Diphtheritic Croup

{ Second, (Immediate,)

Duration of last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 6th 1880.

Louis Chew Hon M. D.
Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 518 W Baltimore St. *Address,* 226 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Margaret McManus.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, ~~—~~ *Years,* Eight *Months,* 4 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 202 N. Eden Street

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give street and number} 202 N. Eden St.

Cause of Death {First, (Primary,) Cholera Infantum

{Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 6th 1880

Undertaker, Hoy W. Mears

Place of Business, 45 N. Gay St

A. P. Yeatts, M.D.,
Medical Attendant.

Address, 137 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics, in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1889 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1889.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Woeckel

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* Eight *Months,* ——— *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Eight months

Place of Death, {Give street and number} 172 E. Madison Street

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Catholic Cemetery

Date of Burial, July 7th

Undertaker, H. Schultheis

Place of Business, E. Monument st 26th

A. J. Erich M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41163

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th at 2 o'clock a. m.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard H. Carnish

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 1st *Days.*

Color, Black *Sex,* male

~~*Married,*~~ *Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.} child

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore md

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 65 Russell St. Baltimore md.

Cause of Death, {First (Primary,) / Second (Immediate,)} Heart disease

Duration of Last Sickness, all life

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cemetery *Date of Burial,* July 5 1880

Undertaker, J. W. Chase

Place of Business, 98 Howard St

D. C. Richardson M. D.
Medical Attendant.

Address Lombard & Eremont St.

He was born with a valvular trouble & d.r.c.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 41164

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bond

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 11 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 94 Peach Alley

Cause of Death, First, (Primary.)

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphons Cemetery

Date of Burial, July 6

Andrew Cook M.D.
Medical Attendant.

Undertaker, B. Hall

Place of Business, 411 Light St. *Address,* 416 Hunt Pra St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41165

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 4th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara F. Marshall

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 18 *Years,* 11 *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia Penn.

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} No 381 Light st.

Cause of Death { First, (Primary,) Phthisis Pulmonalis and Pneumonia. / Second, (Immediate) 14 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 7th

Undertaker, W. H. Miller

Place of Business, Light st.

O. L. Baddesbohn M. D.
Medical Attendant.

Address, 66 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Child of P. McLaughlin & Lizzie B. Cochran,

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, White.

Married, ~~Single,~~ Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Infirmi

Place of Death, {Give street and number} 13 Augusta St

Cause of Death {First, (Primary,) Rumatism Butt, / Second, (Immediate,)

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 1880

J. N. Hanck M. D.
Medical Attendant.

Undertaker Thomas S Stuyker

Place of Business, 60 E. Balto St. *Address,* 95 E Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret A Rathbe

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* 5 *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 112 S. Caroline St

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,) Asthenia

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 7th 1880

Undertaker, Thomas S Hughes

Place of Business, 60 E. Balto St

H. H. Offenhoffer ..... *M. D.*
Medical Attendant.

Address 1101 E Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore.

Permit No. 41168, *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Rinehart
Buried

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 197 Fleming St

Cause of Death, First, (Primary.)
Second, (Immediate.) Epithelioma of the Uterus

Duration of Last Sickness, 14 Months

All the above information should be furnished by the Physician.

Place of Burial, Town B.Co

Date of Burial, July 7th 1880

Undertaker, John Mackin

Place of Business, Pacas Camden

Thos. Cook, M.D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 41169

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 5. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H. Donley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md. V

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 1. C Lee St. near Jeffe

Cause of Death, First, (Primary.) Epidemic Dysentery

Second, (Immediate.) Meningeal Mischief

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto County.

Date of Burial, July 7-1880.

Undertaker, Kendrick Seipel

Place of Business, 151 & 153 S. Gay St. *Address,* Balt & Hart. Sts.

G. G. Lusk M.D.,

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 5th. July 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Hurth

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 2 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during Lifetime

Place of Death, {Give street and number} N. Washington Street 110

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, July 6th

Undertaker, Andrew Fuhr

Place of Business, 244 E. Lanvale

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41171

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1899 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1899

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John T. Kisig

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* 15 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 488 Hartford ave

Cause of Death, First (Primary,) Membranous Croup

Second (Immediate,) " "

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimor Cemetery H. G. Watson M. D.

Date of Burial, 7th of Jan. Medical Attendant.

Undertaker, Adam Fink *Address* 437 N. Eutaw ave.

Place of Business, 461 W. Jay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret L Hall

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 7 mos *Days.*

Color, Mixed

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 245 S Durham St

Cause of Death {First, (Primary,) Marasmus

{Second, (Immediate,)

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Country

Date of Burial, June 6th 1880

Undertaker, Chas J Loehr

Place of Business, 13 Jefferson st

Geo L Kenemer M. D.
Medical Attendant,

Address, 13 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J Howard Cannon

Male or Female, {cross out the word not required in this line.}

Age, 35 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Louisiana

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 96 Carrollton Ave

Cause of Death, First, (Primary.)

Second, (Immediate.) Consumption of the Lungs

Duration of last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 7th 1880

Geo C Gyle *M. D.*
Medical Attendant.

Undertaker Denny & Mitchell

Place of Business, 530 N Eutaw St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the [illegible] name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41174

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 41174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Kamm

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 59 *Years,* ..... *Months,* ..... *Days.*

Color, Wh

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, {Give street and number} 135 W. Biddle

Cause of Death, First, (Primary,) Stopping of Urine

Second, (Immediate,) Exhaustion

Duration of last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, July 7th 1880

Undertaker, Chas F Sumwalt

Place of Business, 270 W Eutaw *Address,*

J Shutte M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Boyce

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 34 yrs

Place of Death, {Give street and number} 644 O. Charles

Cause of Death { First, (Primary,) Intussusception of bowels, vomiting
Second, (Immediate,) Cerebral effusion, pulmonary Hemiplegia 4 days before death

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, July 7th.

Undertaker, F. F. Doll

Place of Business, 131 Hanover *Address,* 315 Light St

W. A. P. Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Eierman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 9 *Years,* ____ *Months,* 6 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} Bel air Road

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate,) Cholera Morb.

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem'y

Date of Burial, July 7th 1880

J. J. White M. D.
Medical Attendant.

Undertaker, H. Hoffmann

Place of Business, 63 N. Eden St. *Address,* 711 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 41177

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 6 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 4. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Dill

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* 3 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 103 Fairmount Ave.

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Meningitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 7th 1880

Undertaker, M. A. Daiger

Place of Business, 744 S. Broadway

G. A. Koch M.D.,
Medical Attendant.

Address, Balto Md

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur F Meek

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, *Years,* 4 *Months,* *Days.*

Color, White

Married, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 249 E Balto St

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,) Atrophy

Duration of last Sickness, 2 mo

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, July 6/80

Undertaker, Hy Ort & Bro

Place of Business, 174 Broadway

Geo. L. Kinnemon M. D.
Medical Attendant.

Address, Balto Md

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

KELLY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Jones

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 9 Marsh st - Balto.

Cause of Death, First (Primary,) Old age

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Phair St. Cemetery J. Gibbons M. D.

Date of Burial, July 6th 1880 Medical Attendant.

Undertaker, Saml W. Chase

Place of Business, 5 Howard St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 41180

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 6 1880 BALTIMORE

Date of Death, July 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Flemie W. Mc[illegible]

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* *Days.*

Color, B Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, {Give street and number.} 85 Church St

Cause of Death, First, (Primary.) Diarrhea

Second, (Immediate.) Congestion of brain

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Shiloh burying ground

Date of Burial, 6th July

Undertaker, Davis undertaker

Place of Business, 183 Lee Street

D. A. Ellis M.D.,
Medical Attendant.

Address, 315 Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 11181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 12 oclock noon Monday July 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hawkolls

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ____ Years, ____ Months, 21 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 21 Hanson St- City since birth

Duration of Residence in the City of Baltimore, 21 Hanson St

Place of Death, {Give street and number} Inanation

Cause of Death { First, (Primary,) Colera Morbus
Second, (Immediate,) 7 days

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 6th '80

Undertaker, R. Fraser

Place of Business, 280 Canton Ave

J. E. Richard M. D.
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/1842

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha E. Johnson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 32 *Years,* ~~Months,~~ ~~Days.~~

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Annarundle County M. d

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} No 187 Bank St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Four Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Annarundle County

Date of Burial, July 7th 81

Undertaker, Mc Grancer

Place of Business, 230 Eastern Ave

Thomas J. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

1831 Trans

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41183

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1890 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 68 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Chesapeake Pilot

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} St Marys County Md.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and number.} # 197 Aisquith Street

Cause of Death, First (Primary,) Prostration

Second (Immediate,) Cholera Morbus

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Bulls Cemetery

Date of Burial, July 8th 1890

Undertaker, Wm C Hughes

Place of Business, 66 E Balto

J. E. Whiteford M. D.
Medical Attendant.

Address 195 Aisquith Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma of John H. Wilson (Twin) (Parents

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Years, Months, 1/12 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} S/S Mulliken St

Cause of Death First, (Primary.) Asthenia

Second, (Immediate,) Lipes

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallas St. Cem'y. James A. Adams M. D.

Medical Attendant

Date of Burial, July 7 1880

Undertaker, or J. H. Wilson (Comm'r of Health

Place of Business, S/S Mulliken *Address,* 10 Hopkins Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by — Jos. P. Smith

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 5th 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johnny Rochner

Sex, Male or Female, { cross out the word not required in this line. } male

Age, ... *Years,* 7 *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 366. William St.

Cause of Death { First, (Primary,) Inanition

Second, (Immediate,) Cholera Infantum since birth

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, July 6th 1880

Undertaker, C. P. Krauss

Place of Business,

J. H. Smith M. D.
Medical Attendant.

Address, 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41186

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 6 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marion T. Clark

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 3 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} * 31 E. Madison St

Cause of Death First, (Primary,) Meningitis

Second, (Immediate,) Exhaustion

Duration of last Sickness, One week & 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, July 8 th

Geo. A. Hartman M. D.
Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,* * 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 5th July 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Friderich Köhler

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 8 *Days.*

Color, white

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number} 181 S. Register Str.

Cause of Death, First, (Primary,) morbilli

Second, (Immediate,) spasmus

Duration of last Sickness, six days.

All the above information should be furnished by the Physician.

Place of Burial, Sct Paulus Cemetery.

Date of Burial, July 7th 1880

Robert Smithson M. D.
Medical Attendant.

Undertaker, Casper Eckhardt

Place of Business, 269 Canton Ave *Address,* 121. N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie R. Coleman

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 22 *Years,* 1 *Months,* 16 *Days.*

Color, White *Sex,* Female

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 441 W. Lombard Alley

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

Duration of Last Sickness, Worse for last 6 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 6

Undertaker, L. Bloch

Place of Business, 707 W. Baltimore St

J. C. Gibbons M. D.

Medical Attendant.

Address 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara E. Martin

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, 17 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, House-girl.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Ten Yrs.

Place of Death, {Give street and number} No 17 Shute's Ct

Cause of Death, First, (Primary.) Pneumonia.

Second, (Immediate,) Exhaustion.

Duration of last Sickness, 4 Wks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, July 6th 1880

Undertaker, Wm H Deuzer

Place of Business, 62 East St.

J. M. Chambers M. D.
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 41190

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Earnest Eastwood

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 15 *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower,~~ {Cross out the words not required in this line.} Infant

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore V

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 234 E. Madison st

Cause of Death, {First (Primary,) Marasmus} {Second (Immediate,) Cholera Infantum}

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial,

Undertaker, W M. Richman

Place of Business,

J. E. Whiteford M. D.
Medical Attendant.

Address 195 Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Muller

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 66 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 126 St. Peters

Cause of Death, First, (Primary.) softening of brain

Second, (Immediate,) paralysis

Duration of last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 7th 1881

Undertaker, P. Kennedy

Place of Business, Mulberry St. *Address,* 95 S. Sharp St.

H. Atlas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 7 July 1880 (Schmeltz)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Smeltz

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 160 Vine St.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 160 Vine Street.

Cause of Death { First, (Primary,) Marasmus - Child feeble from Birth.
Second, (Immediate,) Mother had Puerperal fever - child not nursed from Birth

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 7 1880

Marbury Brenaw M. D.
Medical Attendant.

Undertaker, P. Kennedy

Place of Business, Mulberry St. *Address,* 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Muthert

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} N 433 N. Gilmor

Cause of Death, First, (Primary.) Pulmonary Phthisis

Second, (Immediate.) Miliar Tuberculosis

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 8th 1880

Henry Salzer M. D.
Medical Attendant.

Undertaker, John L Macken

Place of Business, Camden & Paca Sts *Address,* 163 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/1194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Chamberlain,

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 83 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Seamstress,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland Harford Co

Duration of Residence in the City of Baltimore, 60 yrs

Place of Death, {Give street and number} No 233 N Wolfe St.

Cause of Death, First, (Primary,) Carbuncle

Second, (Immediate,) Exhaustion,

Duration of last Sickness, Six weeks,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, July 7th 1880

Undertaker, H L Banks

Place of Business, 233 N Wolfe

J M Chamberlain M. D.
Medical Attendant.

Address, 222 N Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41195

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Holzenbeck

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 275 N Central Ave.

Cause of Death { First, (Primary,) Diarrhoea

Second, (Immediate,)

Duration of last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, N. Baltimore Co.

Date of Burial, July 8 1880

Undertaker, Henry Hoeck

Place of Business, 300 N. Central Ave. *Address,*

Abram B. Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Ross

~~*Sex,*~~ *Male or* ~~*Female,*~~ {cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 month

Place of Death, {Give street and number} 65 Dorsey Ct.

Cause of Death {First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 7th 1880

Undertaker, Abraham Wagman

Place of Business, 13 Saratoga St.

Chas. Welch M. D.
Medical Attendant.

Address, 57 N Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

State of Health, City of Baltimore

Permit No. 41197 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT JUL 7 1880 BALTIMORE

Date of Death, July 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Chambers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Brick maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number.} 398 Wash St

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Sharp street cemetery

Date of Burial, July 7 1880

Undertaker, Hercules Rass

Place of Business, 95 Conway St

Sheridan Lee M.D.,
Medical Attendant.

Address, 146 Lemmon St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, One *Years,* Eight *Months,* 6 *Days.*

Color, Colored *Sex,* Female

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 120 Preston

Cause of Death, First (Primary,) Enteric Colitis

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 7th 1880

Undertaker, Wm. F. Bishop Jr.

Place of Business, 97 Druid Hill Ave.

J. Kemmerly M. D.
Medical Attendant.

Address 1 E. Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Grace Biays

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, eight *Years,* *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} S

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 38 Courtland St.

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) asthenia

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 8th 1880

Undertaker, H. W. Jenkins & Son

Place of Business, 16 Light St.

Eugene F. Cordell M. D.
Medical Attendant.

Address, 125 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 41200 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 7 - 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Chandler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 9 days

Place of Death, {Give street and number.} Battery av abv 2d

Cause of Death, First, (Primary.) Inanition

Second, (Immediate.)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive

Date of Burial, July 8th

Undertaker, Mc Hugh

Place of Business, [redacted] St

R A P Ellis M.D.,
Medical Attendant.

Address, 315 Light

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 41201

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 7 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 7

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin A. Chandlee

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} B. City Maryland

Duration of Residence in the City of Baltimore, 9 days

Place of Death, {Give street and number.} Battery near 2 & 4

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.)

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 8th

Undertaker, Mr Hough

Place of Business, Balto & Eutaw

L. H. P. Ellis M.D.,

Medical Attendant.

Address, 315 Light St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6-80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M Myers

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 141 Hudson St

Cause of Death { First, (Primary,) ..... Convulsions

Second, (Immediate,) .....

Duration of last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Mound Cartmel

Date of Burial, July 7 80

E. Jones Williams *M. D.*
Medical Attendant.

{ *Undertaker,* Hendlin Deitzel

{ *Place of Business,* 151 S Bond St *Address,* 17 Rutland

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nelson Cullum

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 66 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} * 298 N. Eden st.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

Duration of last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 7th 1880

Undertaker, Wm H. Huckmar

Place of Business, 0 234 & 237

Geo A Vastine M. D.
Medical Attendant.

Address, * 305 N Caroline st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41204

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6th July 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johnson child of J & Mr Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *3* *Months,* *25* *Days.*

Color, White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Wilson St. near Division St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) 3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem H. W. Owings M. D.

Date of Burial, July 7 Medical Attendant.

Undertaker, C. H. Blizzard *Address* 274 Madison Ave

Place of Business, 201 Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert W. Blackston

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 8 *Years,* ~~Months,~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maternity Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Nursery & Child's Hospital

Cause of Death { First, (Primary.) Infantile Diarrhoea / Second, (Immediate,)

Duration of last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial,

C. F. Brown M. D.
Medical Attendant.

Undertaker, C H Blizzard

Place of Business, 171 Pima ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 41206

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 7 1880 BALTIMORE

Date of Death, July 6. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Eugene Dorsey

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days.*

Color, white,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} N. C. Hecla Pl.

Cause of Death, First, (Primary.) Epidemic Dysentery

Second, (Immediate.) Meningeal Hemorrhage

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 7th

Undertaker, W. Diffut

Place of Business, S. Bond st. 151

H. H. Luck M.D.,

Medical Attendant,

Address, Balt. & Bucl. Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Singer

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Black Smith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany 30 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No. 1 McMechen St

Cause of Death First, (Primary,) Intemperance

Second, (Immediate,) Heart disease

Duration of last Sickness, died Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 8th

Undertaker, Wm Holmes

Place of Business, 336 Paca

Chris Fawcett **M. D.**
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41208

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 1880 BALTIMORE

Permit No. 41208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Robuts

Sex, Male or Female, {cross out the word not required in this line.} F.

Age, 2 *Years,* ..... *Months,* ..... *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 115 S. Dallas

Cause of Death { First, (Primary,) Dentition
Second, (Immediate,) Marasmus.

Duration of last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon cemetary

Date of Burial, July 7th 1880

Undertaker, Charles A. Whyte

Place of Business, 85 Granby St

H. T. Reinoldt M. D.
Medical Attendant.

Address, Easton Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur Gallagher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 45 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Salesman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 26 or 27 years

Place of Death, {Give street and number.} 386 W. Eager St near Cathedral St

Cause of Death, First (Primary,) Phthisis Pulm

Second (Immediate,) .....

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 9th 1880

F. A. McManus M. D.
Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 39 n Liberty *Address* 71 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death occurred, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmira Richardson

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 9 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 2. Waters Ct

Cause of Death {First, (Primary,) Severe Cold
Second, (Immediate,) Bronchitis

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, W. Pcab Cemy

Date of Burial, July 7th 1880

Undertaker, J. A. Kerchner

Place of Business, Carroll Av & Address, Commissioner of Health & Registrar

J. Thos. Steen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Brown

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 41211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sicus

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* ~~—~~ *Months,* ~~—~~ *Days.*

Color, Mulatto

Married, ~~Single,~~ ~~Widow~~ or ~~Widower.~~ {Cross out the words not required in this line.}

Occupation, House Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Carroll County Md

Duration of Residence in the City of Baltimore, about 13 years

Place of Death, {Give street and number.} 87 Richmond St

Cause of Death, {First (Primary,) ... Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, about 14 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 7. 1880

Undertaker, John C. Jones

Place of Business, No 63 Park Ave

T. F. Ward M. D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Curtis

Sex, Male or ~~Female~~, { cross out the word not required in this line. } Male

Age, ____ *Years,* ____ *Months,* 17 *Days.*

Color, Colored

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 18 Chapple St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 18 Chaplain St.

Cause of Death, First, (Primary,) Inanition General

Second, (Immediate,) Congestion Bronchitis

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, July 9. 1880

Undertaker, John E. Jordan

Place of Business, 1102 E. Baltimore

G W Ames M. D.
Medical Attendant.

Address, Cor Lucketts & Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Shock

Sex, Male or Female, { cross out the word not required in this line. } M.

Age, 4 *Years,* ..... *Months,* ..... *Days.*

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } 330 Canton Ave.

Cause of Death { First, (Primary,) Scarlatina

Second, (Immediate,) .....

Duration of last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 8th

Undertaker, W. Dippel

Place of Business, S. Bond st. 151

H. T. Reynolds M. D.
Medical Attendant.

Address, Eastern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elmer Durbrow

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, One *Years,* Five *Months,* Eleven *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} West Baltimore

Cause of Death { First, (Primary,) Teething
Second, (Immediate,) Congestion of the brain

Duration of last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 8th 1880

Undertaker, Jos. B. Cook

Place of Business, No 767 W Baltimore Street

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate ~~correctly filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~the deceased~~ or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 C 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Walter Smith

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 24 Josephine street

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, About 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 7 1880

Undertaker, B. W. Chase

Place of Business, 198 Howard st

H Darby M. D.
Medical Attendant.

Address, 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention [illegible] Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, [illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 6 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 6th July 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emily Agnes J. Johnson

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 23 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During Life.

Place of Death, { Give street and number } 62 Orange St.

Cause of Death, First, (Primary,) "Phthisis Pulmonalis."

Second, (Immediate,) Exhaustion,

Duration of last Sickness, Dont Know. Not having Seen her, but Once,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 7 1880

Undertaker, B. M. Chase

Place of Business, 69 S. Howard St.

C. J. Jones M. D.
Medical Attendant.

Address, 50 N. Gay St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Wm Dyar

Sex, Male or Female, {Cross out the word not required in this line.} M.

Age, ... *Years,* ... *Months,* ... 20 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 50 St. Mary St

Cause of Death, First (Primary,) Mal-nutrition

Second (Immediate,) Cholera infantum

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 7 1880

Undertaker, S H Chase

Place of Business, 198 Howard St

H E Atkinson M. D.
Medical Attendant.

Address 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Bo[illegible] City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 18[illegible] BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6, 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Bainen

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ~~[illegible]~~ *Years,* 3 *Months,* 28 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 1925 Durham, near Bank St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 1925 Durham St.

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.)

Duration of last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, W. Public Laurel cemetery

Date of Burial, July 7/88

Undertaker, ~~Charles S. Hicks~~ P. Mullin

Place of Business, 35 Granby St

A. V. Gosweiler M. D.
Medical Attendant.

Address, 144 S. Ann St near Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...altimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Edward Steiner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* 26 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 23 Norris St

Duration of Residence in the City of Baltimore, 8 Months. 26 Days

Place of Death, {Give street and number.} 249 McHenry St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, one month & 11 days

All the above information should be furnished by the Physician.

Place of Burial, Loudown Park

Date of Burial, July 7th

Undertaker, Blackistone & Son

Place of Business, 606 W. Balto St

F G Connolly M. D.
Medical Attendant.

Address 830 W. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Bauer

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 1 *Years,* 7 *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} No 203 Bayard St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,)

Duration of Last Sickness, 20 Days

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, July 8th 1880

Undertaker, Whitmarsh

Place of Business, W. Balto St

J G Hamble M.D.
Medical Attendant.

Address, 205 N Sharp

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41221

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 7 6 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Francis Kelly

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 11 *Years,* 7 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 70 Pennsylvania Ave

Cause of Death {First, (Primary.) Convulsions

Second, (Immediate.) .....

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park Cemetery

Date of Burial, July 8th 1881

E. K. Wilcox M. D.
Medical Attendant.

{*Undertaker,* Thos. L. Hughes

{*Place of Business,* 60 E. Baltimore *Address,* 121 N. Howard St

---

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/1444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Catharine Haw

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* One *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Douglas 25

Cause of Death { First, (Primary,) Feeding / Second, (Immediate,) Indigestion

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, July 8 1880

E. C. Baldwin M. D.
Medical Attendant.

Undertaker, J. J. Koenig

Place of Business, 97 Orleans

Address, 12 ½ n. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 41223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 80.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Berg.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 10. *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 22 Rockett.

Cause of Death, First, (Primary,) Dysthyria

Second, (Immediate,) Croup.

Duration of last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 8th 1880.

Undertaker, Adam Weidemayer

Place of Business, 518 W. Baltimore St.

H. Lee Cole M. D.
Medical Attendant.

Address, 22 Rockett St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special Attention of Physicians is respectfully invited to the Regulations below, and to the Penalties of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Pessagno

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 42 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Saloon Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, abt 12 years

Place of Death, {Give street and number} 63 President pl

Cause of Death { First, (Primary,) Pulmonary Consumption
Second, (Immediate,) .....

Duration of last Sickness, Several weeks

All the above information to be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, July 7th

Undertaker, W. Diffel

Place of Business, 1 Bond st. 151

D. R. Cattell M. D.
Medical Attendant.

Address, 211 Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 11225

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 11225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cramer

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Stone Cutter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 219 Canton Ave

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of last Sickness, Over year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 8th

Undertaker, W. Diffpel

Place of Business, 1 Bond st. 151

Oscar L Carlson M. D.
Medical Attendant.

Address, 188 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 8 1880 BALTIMORE

Date of Death, July 7-1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Coelin

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 3 Years ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} =

Occupation, Farm

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 218 E. Monument St Balto

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and number} 218 E. Monument St

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Cyanosis Pneumonia

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 8: 1880

Undertaker, Thos. S. Hughes

Place of Business, 60 E. Baltimore St

G. J. Taylor M. D.
Medical Attendant.

Address, 222 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sydia Carter

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 88 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 74 Columbia

Cause of Death First, (Primary,) Softening of the Brain

Second, (Immediate,) Insanity

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 9th 1880

Undertaker, John Thacker

Place of Business, No 180 Camden *Address,* 76 Hanover St

J. H. Emory M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS,

Permit No. 41228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Filmeier

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 8 — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, always —

Place of Death, {Give street and number} 77 Holland St

Cause of Death { First, (Primary,) Dentition — Second, (Immediate,) Inflamation of Brain

Duration of last Sickness, 10 days —

All the above information should be furnished by the Physician.

Place of Burial, Johns Cemetery

Date of Burial, July 8th

Undertaker, H. Funk

Place of Business, 33 Bank St.

G. A. Schmuck — M. D.
Medical Attendant.

Address, # 86 S. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 11229

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11229

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Delig

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany (33 yrs

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, {Give street and number} St. Agnes Hospital

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Fract. Thigh

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, July 8 [illegible]

Undertaker, [illegible]

Place of Business, [illegible]

Geo. J. Mahony M. D.
Medical Attendant.

Address, 188 E. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 41230 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 8 1880 BALTIMORE

Date of Death, July 7th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Cockey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* *Months,* 6 *Days.*

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 95 S. Durham

Cause of Death, First, (Primary.) Diarrhoea

Second, (Immediate.) asthenia

Duration of Last Sickness, Two (2) months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemty

Date of Burial, July 9 1880

Undertaker, Theodore J Cross

Place of Business, 73 Jefferson st

G. L. Mitchell M.D.,
Medical Attendant.

Address, 77 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4123

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Jones

Sex, Male or Female, {cross out the word not required in this line.}

Age, 4 *Years,* 10 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 116 Canby St

Cause of Death, First, (Primary,) Anasarca following Scarlet fever

Second, (Immediate,) Convulsions

Duration of last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 8. 1880

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

E. Jones M. D.
Medical Attendant.

Address, 17 Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Guy B Kilt scott

Sex, Male or Female, {cross out the word not required in this line.}

Age, Years, 4 Months, Days.

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} "

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, 4 mos

Place of Death, {Give street and number} 15 E. Fayette

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 4 ms

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 9th

C. H. Nelson M. D.
Medical Attendant,

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount av *Address,* 21 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 41233

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 5' 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George L. Green

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ____ *Years,* 1 *Months,* 1 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 1 Month 1 day

Place of Death, {Give street and number.} 435 N. Central Ave

Cause of Death, First (Primary,) Inanition

Second (Immediate,) "

Duration of Last Sickness, 1 Month 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery A. G. Watson M. D.

Date of Burial, July 7th 1880 Medical Attendant.

Undertaker, John R. Weaver & Co

Place of Business, ~~#~~ 22 W. Fayette St Address 437 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John O Neal

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 58 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Gardner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} 288 E Pratt St

Cause of Death { First, (Primary.) Phthisis Pulmonalis
, { Second, (Immediate.)

Duration of last Sickness, Two Months

V

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemitry

Date of Burial, July 9th 1880

{ *Undertaker,* M Clarke & Son
{ *Place of Business,* 64 E Balto St

James E Donnelly M. D.
Medical Attendant.

Address, 299 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/1235

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* t, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July. 7th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Isaac Young

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Lies four *Years,* — *Months,* — *Days.*

Color, Blk.

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Clerk

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } "

Duration of Residence in the City of Baltimore, "

Place of Death, { Give street and number } 46 Little Mc Elderry.

Cause of Death { First, (Primary,) Wyeneley

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, July 8, 1880

Undertaker, Pat Mullin

Place of Business S. P. Ave

D. C. Leland *M. D.*
Medical Attendant.

Address, 190 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41236

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41236

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Holmes

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 4 *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 90 Stirling St

Cause of Death, First, (Primary.) Entero-Colitis

Second, (Immediate.)

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 8, E. B. Feiby M. D.

Medical Attendant.

Undertaker, Charles A. Watt

Place of Business, 1035 Druid Hill St *Address,* 319 N. Central Ave

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Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41237

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7 - 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willis Carter.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 128. York st.

Cause of Death First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery.

Date of Burial, July 8 - 1880.

Undertaker, Saml W Shaw.

Place of Business, Howard St

Jno A Clark M. D.
Residence and Address

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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E & G Inv & Funding

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41238

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Hopkins

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 340 E. Madison St

Cause of Death {First, (Primary,) Premature Birth — (8 mos)
Second, (Immediate,) Convulsions —

Duration of last Sickness, all it's life

All the above Information should be furnished by the Physician.

Place of Burial, M. E. Cemetery

Date of Burial, July 8. 1880

Undertaker, M. Frame

Place of Business,

H. M. Smith M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by - J. E. Smith

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 41239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Herbert L. Gladden

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* Six *Months,* 22 *Days.*

Color, White. *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and number.} 208 Harford Avenue

Cause of Death, {First (Primary,) Congestion of Brain. Convulsions

Second (Immediate,) Sleeping. about 6 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park *Wm H Stokes* M. D.

Medical Attendant.

Date of Burial, July 8th 1880

{Undertaker, Wm H Hockman *Address* 141 St Paul St

{Place of Business, 1234 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 41240

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 8 1880 BALTIMORE

Date of Death, July 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J Maud Bay

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* One *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number.} 166 E. Baltimore St.

Cause of Death, First, (Primary.) Diarrhoea

Second, (Immediate.) Asthenia

Duration of Last Sickness, Four (4) weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. E. Cemetery Phil Road

Date of Burial, July 9 1880

Undertaker, Denby & Mitchell

Place of Business, 65 S. Broadway *Address,* 71 S. Broadway

G. L. Watkins M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa E. Legg.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* Nine *Months,* Two *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Massachusetts

Duration of Residence in the City of Baltimore, 9 Weeks

Place of Death, {Give street and number.} 17 N. High St.

Cause of Death, First (Primary,) Cholera Infantum ✓

Second (Immediate,)

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Chelsea Mass.

Date of Burial, July 9, 1880

Undertaker, H. A. Daiger

Place of Business, 74 S. Broadway *Address* Cor Fayette & Schroeder Sts

A. C. Fox M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Francis 1832

No. 11[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41242

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 5 1899 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Emma Bright

Sex, ~~Male or Female~~, {cross out the word not required in this line.} Female

Age, Five hours *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~Housework~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} No 1 Cambridge Lane

Cause of Death, First, (Primary,) Premature Labor

Second, (Immediate,) Asphyxia

Duration of last Sickness, Short Hours

All the above information should be furnished by the Physician.

Place of Burial, Family Burial ground Liberty Road

Date of Burial, July 5th

Jno. L. Wright M. D.
Medical Attendant.

Undertaker, Jos. L. Cook

Place of Business, 870 W. Baltimore Street *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41243.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Kelly

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 2 years, *Years,* 1 *Months,* 19 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md.

Duration of Residence in the City of Baltimore, 2 years, 1 mo., 19 d.

Place of Death, {Give street and number.} 13 Forgath St.

Cause of Death, First (Primary,) Pulmonary Consumption

Second (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 9th 1880

Undertaker, Armstrong & Sons

Place of Business, 263 Light St

J. Wadeco M.D.
Medical Attendant.

Address, 168 Co. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44244

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lonia Collins

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 2 *Years,* 6 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} Cor Ellicott & Law Cheapside

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,) Diphtheria

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, July 9 — 1880

E. Jones Williams M. D.
Medical Attendant.

Undertaker, M. A. Daiger

Place of Business, 74 South Broadway *Address,* 17 Rutland Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41245

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William R. Marks

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* Six *Months,* twelve *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} England. 18 years in U.S.

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give street and number.} 417 N. Gay St

Cause of Death, First (Primary,) Phthysis & Pulmonalis

Second (Immediate,) & Exhaustion

Duration of Last Sickness, Had consumption for years, confined to bed about three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 9th 1880

Undertaker, Henry W. Means

Place of Business, 45 N Gay St

J. P. O. Jordan M. D.

Medical Attendant.

Address 632 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm J. McCleary

Sex, Male or Female, {cross out the word not required in this line.} ~~Female~~

Age, ... *Years,* ..... *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} No 240 Bank St Canton

Cause of Death First, (Primary,) .....

Second, (Immediate,) .....

Duration of last Sickness, Since birth

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 9th 1880

Undertaker, John S. Nacher

Place of Business, 8 Pacca St

S. C. Busch M. D.
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11247

The Physician who attended any person in *his* last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Conrid

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 8 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto,

Duration of Residence in the City of Baltimore, 8 days

Place of Death, {Give street and number} 78 Market Place

Cause of Death {First, (Primary,) Premature birth

{Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, E. Balt Comety

Date of Burial, July 8th 1880

J. H. Branham *M. D.*
Medical Attendant.

Undertaker, Pat Mullin

Place of Business, S. P. Park ave *Address,* City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} Christina Hartmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — 51. — *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeping

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany 32 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Lemmon St. 24.

Cause of Death, First (Primary,) Marasmus Senilis

Second (Immediate,)

Duration of Last Sickness, Sickly for years.

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, July 9 1880

Undertaker, M. Moller

Place of Business, Central ave *Address*

C. H. Pick, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Mehrtens

Sex, Male or Female, { cross out the word not required in this line. }

Age, 54 *Years,* *Months,* *Days.*

Colour, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, 54 years

Place of Death, { Give street and number } 5 N Mount st

Cause of Death { First, (Primary.) Caused by Poison?

{ Second, (Immediate,)

Duration of last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, July 9th 1880

Undertaker, H. D. Lush

Place of Business, No 707 N Baltimore St

Chas Catlin M. D.
Medical Attendant.

Address, 658 W Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Perry

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* One Hour *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No. 124 E. Lexington St

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,) ____

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, July 9th 1880

Undertaker, P. Mullen

Place of Business, ____ *Address,* 241 Lexington St

D. S. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 4/1251

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Williams

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days.*

Color, Colored

Married, ~~Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} 5 Cross alley

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 5 Cross alley

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, 12 da

All the above information should be furnished by the Physician.

Place of Burial, Thomas M Cemetery

Date of Burial, July 8 1880

Undertaker, William M Dwyer

Place of Business, 62 East St

W. D. Dwyer M. D.
Medical Attendant.

Address Green & Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1889 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Spiegel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* — *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower; {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Fountain st No 37

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, July 9th 1889

Undertaker, H. M. Gehmeyer

Place of Business, 341 Canton Ave,

C. M. Schuette M. D.
Medical Attendant.

Address S.W. cor Wolfe st & Canton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11253

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF ~~D~~EATH.

Date of Death, July 7 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah R Hendrick

Sex, ~~Male~~ or *Female,* { cross out the word not required in this line. }

Age, 4 5 *Years,* ..... *Months,* ..... *Days.*

Color, black

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give street and number } 209 Eastern Ave

Cause of Death { First, (Primary,) Inflammation of Bowels

Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 9 1880

Undertaker, Thos S Keighler

Place of Business, 60 E Baltimore *Address,* 210 N Eutaw

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Frank,

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* — *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 307 W. Fayette St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Oak Shalom

Date of Burial, July 9 1880

Henry Jennings M. D.
Medical Attendant.

Undertaker, Wm. E. Coe

Place of Business, ~~Oak Shalom~~ *Address,* No 2 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/255

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte McCann

Sex, Male or Female, {cross out the word not required in this line.}

Age, 90 *Years,* ____ *Months,* ____ *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Little York 4

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Cor John and Valley St

Cause of Death, First, (Primary,)

Second, (Immediate,) D. age

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 10th 1880

Undertaker, Henry Shelthers

Place of Business,

Jno. Boyle M. D.
Medical Attendant.

Address, 166 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41256

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Henry Albus

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 5 *Years,* 9 *Months,* 8 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 150 Park St

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 48 Hours

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 10 July 1880

Undertaker John C. Schuck

Place of Business, 265 Mercer

Thos. G. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1880

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth J. Williams

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 16 *Days.*

Color,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 65 Bainey St

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 10th/80

Undertaker, Geo. Schilling

Place of Business, Ashland Square

Wm. L. Russell M. D.
Medical Attendant,

Address, Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41258

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8 — 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Bowie

Sex, Male or Female, {cross out the word not required in this line.}

Age, 43. *Years,* — *Months,* — *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and number} 9 Winter st

Cause of Death { First, (Primary,) / Second, (Immediate,) } Consumption 4 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem"

Date of Burial, July 9-1880.

Undertaker, Sam. Chase.

Place of Business, 1 Howard st

James A. Stewart M. D.
Medical Attendant.
per d Oliver

Address, Comm of Health
Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Ex by Lew E Dunning

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41259

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7, 80.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Y. Foster

~~Sex,~~ *Male or* ~~*Female*~~, {cross out the word not required in this line.}

Age, 64 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, House dealer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New Haven Conn. 23 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 17 Myrtle ave

Cause of Death {First, (Primary,) Paralysed / Second, (Immediate,)

Duration of last Sickness, 13 hrs

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, July 9th 1880

Undertaker, C. Pfafflemeyer

Place of Business, Baltimore & Amer Line Af

Lewis M. Eastman *M. D.*
Medical Attendant.

Address, 349 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is respectfully invited to the Reverse side, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Walter

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 45 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Milkman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Switzerland 1 year

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} City Hospital

Cause of Death {First, (Primary,) Convulsions

{Second, (Immediate,) Asphyxia

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 9th 1880

Undertaker, Pat Mullen

Place of Business, S. P Park ave

J. A. Brenham M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Iggie Brown

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 28 N Amity St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 28 N Amity St

Cause of Death, First, (Primary.) This child was one of twins

Second, (Immediate.) prematurely born, died of Exhaustion

Duration of last Sickness, since its birth

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, July 9th

J Shelton Hill M. D.
Medical Attendant.

Undertaker, Jno Crumwell

Place of Business, ____ *Address,* 432 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 3 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Stell.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} 118 Hoyt St

Cause of Death, First, (Primary,) Phthisis.

Second, (Immediate,)

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 9th 1880

Undertaker, Charles A Whyte

Place of Business, 35 Granby Street

Edward P. Neville M. D.
Medical Attendant.

Address, 155 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of B...

Permit No. 41263

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fill... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT JUL 9 1880 BALTIMORE

Date of Death, July 7. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Feglein

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 11 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balt Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 33 S. Castleel.

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Meningitis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ceme.

Date of Burial, July 8th '80

Undertaker, M. Franco

Place of Business, 280 Canton Ave Address, Balt. & Pratt Sts

H. G. Lusk M.D.,

* Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of

Permit No. 41264 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sigmund Schneberger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} male

Age, 62 *Years,* — *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bavaria.

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 16 Lloyd St.

Cause of Death, First, (Primary.) Bronchio pneumonia,

Second, (Immediate.) apnoea

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Hebrew Cemetery

Date of Burial, July 9th 1880

Rec. S. Lynch M.D.,
Medical Attendant.

Undertaker, Geo Eiler

Place of Business, 101 Gough *Address,* 17 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11265

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John E Emrich

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months,* *Days.*

Color, White

~~Sex,~~

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 33 New ~~Street~~ Church Lane

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Enteritis & exhaustion.

Duration of Last Sickness, Fifteen Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 10 1880

Undertaker, Henry Hoeck *Address* Park Ave & Mulberry

Place of Business, 309 Central Ave

Thos. G. Jay M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Ba...

Permit No. 41266 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Heaphy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 hours ~~Years,~~ *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 55 Gough St.

Cause of Death, First, (Primary.) Congenis

Second, (Immediate.)

Duration of Last Sickness, 2 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 9th 1880

R. W. Mansfield M.D.,
Medical Attendant.

Undertaker, Henry H. Myers

Place of Business, 46 N. Gay St *Address,* 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 7/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Joseph [illegible]

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ... *Years,* 2 *Months,* 7 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 34 City Block

Cause of Death { First, (Primary,) meningitis
Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick Cemetery

Date of Burial, July 9th 1880

Undertaker, Hy W. Mears

Place of Business, 46 N. Gay St

J. Geo. Daniel, M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 8 1898 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie Toulson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ——— *Years,* 8 *Months,* ——— *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 200 Forest

Cause of Death { First, (Primary,) Dyphtheria
Second, (Immediate,) 14 days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 9th

Undertaker, H. D. Wiedefeld

Place of Business, 90 Greenmount Av

S. F. Coyner M. D.
Medical Attendant.

Address, High St near Gay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 41269

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Trusty

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 2 *Years,* 6 *Months,* *Days.*

Color, Colored. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 39. S. Caroline St

Cause of Death, First (Primary,) Intermittent Fever.

Second (Immediate,) Spasm

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Carroll Cemetery

Date of Burial, July 10th 1880

John A Schultz M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway *Address* N E Cor Gough & Eden Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Almira Marck

Sex, Male or Female, { cross out the word not required in this line. }

Age, 42 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } 327½ Pa Avenue

Cause of Death, { First, (Primary.) ..... Second, (Immediate.) Dysentery

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 10

Undertaker, John E Mongle

Place of Business, 319½ Penna Ave

C. Winslow M. D.
Medical Attendant.

Address, 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41271

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Silver

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... ~~Months~~, 5 weeks ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the ~~City of Baltimore~~, Institution 6 days

Place of Death, {Give street and number} St. V[redacted]sylum

Cause of Death { First, (Primary,) Gastro Enteritis
Second, (Immediate,)

Duration of last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 10 1880

Undertaker, Mr Brannigan

Place of Business, 156 Division St

Mahlon Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention [illegible]

Board of Health, City of Baltimor[illegible]

Permit No. 41272

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 9 1880 BALTIMORE

Date of Death, July 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Schnapfenger

Sex, Male or Female, {cross out the word not required in this line.}

Age, 47 58 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cap & Hat Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and number} 147 Welcome alley

Cause of Death { First, (Primary,) Apoplexy

, { Second, (Immediate,)

Duration of last Sickness, 4 8 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 10th 1880

Undertaker, Valentine Koehler

Place of Business, Sharpe & Conway

J. C. Burch M. D.
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases o...

Board of Health, City of Baltimor...

Permit No. 41273

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Roland Dann

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 7 *Months,* and 8 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

~~Duration of Residence in the City of Baltimore~~,

Place of Death, {Give street and number} [redacted] Mosher St

Cause of Death, First, (Primary,) Scarlet Fever

Second, (Immediate,) Swelling of Salivary Glands

Duration of last Sickness, Sixteen days

All the above information should be furnished by the Physician.

Place of Burial, Elkton Md.

Date of Burial, July 10th 1880

Undertaker, John S Mackie

Place of Business, Park & Fayette

Chas Fawcett M. D.
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Trans 1833

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41274

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Ann Bond

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 281 Hoffman St Balto.

Cause of Death, First (Primary,) Dysentery

Second (Immediate,) Typhoid fever

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetary

Date of Burial, 10th July

{*Undertaker,* W. E. Chenoweth

{*Place of Business,* Penna. Ave.

Address 71 Franklin St Balto.

J. R. McManus M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 41275

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 80.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Faust

Sex, Male or Female, {cross out the word not required in this line.}

Age, 57 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Gen. Blacksmith

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 48 Fayette Av.

Cause of Death, First, (Primary,) Congestion Brain

Second, (Immediate,) Alcoholism

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 10 1880

Louis C. Hamman M. D.
Medical Attendant.

Undertaker, Mathew Cadwgan

Place of Business, 227 Mulberry St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of [illegible]

Permit No. 41276

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 21 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Krekel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 5 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} S. W. Corner of Bond & Pratt Sts

Cause of Death, First, (Primary.) Scarlatina

Second, (Immediate.) Blood poison

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 9, 1880

Undertaker, M. A. Daigen

Place of Business, 74 S. Broadway

Jno. S. Lynch M.D.,
Medical Attendant.

Address, 17 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases an

Board of Health, City of Baltimore,

Permit No. 41377

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8/80

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Wolfram

Sex, Male or Female, {cross out the word not required in this line.} male

Age, ... *Years,* ..... *10 Months,* ..... *14 Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 24 Hanbert st.

Cause of Death { First, (Primary,) cholera infantum
Second, (Immediate,)

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, 5th St Paul Cem'y

Date of Burial, July 9th

Undertaker, H. Frohlich

Place of Business, 246 Easter Av

P. Lee Dawson M. D.
Medical Attendant.

Address, 27 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 41278

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie E Brundage

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 8 *Years,* ____ *Months,* ____ *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 3 N Fotefletcher St

Cause of Death, First, (Primary,) Clothing took fire &

Second, (Immediate,) She burned to death,

Duration of last Sickness, A few hours

All the above information should be furnished by the Physician.

Place of Burial, W Western C.

Date of Burial, July 9, 1880

Undertaker, A. B. Blakiston & Son

Place of Business, 606 Balto St

J. Shelton Hill M. D.
Medical Attendant.

Address, 432 W Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 8th of July 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Weitrich

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* 6 *Months,* — *Days.*

Color, white *Sex,* male

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} Widower

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Landshut Germany

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give street and number.} 1541 Druid Hill Ave.

Cause of Death, { First (Primary,) old age
Second (Immediate,) ....

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 10th 1880

Edd Heldmann M. D.
Medical Attendant.

Undertaker, Andrew Lutz

Place of Business, 118 Druid Hill Ave Address 120 Pearl st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Bal...

Permit No. 41280

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 9 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Pfaff

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} S. Dallas St near Lancaster St

Cause of Death, First, (Primary.) Diptheria.

Second, (Immediate.)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem

Date of Burial, July 10th

Undertaker, Henry Sander

Place of Business, 262 Canton Ave

John A. Kehlbergen *M.D.,*
Medical Attendant.

Address, 243 Alice Anna St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henriette Scheeble

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 1 *Years,* 1 *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 206 Dallas St.

Cause of Death, First (Primary,) Meningitis

Second (Immediate,)

Duration of Last Sickness, ab. 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 20

Undertaker, John Herring

Place of Business, 224 Aliceanna St

Hoffmann M.D.
Medical Attendant.

Address, 57 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 41282 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 9 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny B. Grim

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Winchester Va.

Duration of Residence in the City of Baltimore, 11 years,

Place of Death, {Give street and number.} 296 N. Fayette St

Cause of Death, {First (Primary,) Phthisis

Second (Immediate,) Six months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Winchester Va

Date of Burial, July 10" 1880

Undertaker, Dennis & Mitchell

Place of Business, 252 N. Fayette St

H. Winston M. D.
Medical Attendant.

Address 257 Mad Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1834

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41283

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 8th July 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James F. McCauley

Sex, Male or Female, { cross out the word not required in this line. }

Age, 42 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Machinist

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, ~~West of Gilmor St~~

Place of Death, { Give street and number } Baker's Lane & Butchins Lane

Cause of Death, { First, (Primary,) Tuberculosis
Second, (Immediate,)

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Place of Worship

Date of Burial, July 10, 1880

J. T. Knight M. D.
Medical Attendant.

Undertaker, J. B. Blackistone & Son

Place of Business, 606 Balt St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Broun George

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 95 *Years,* ..... *Months,* ..... *Days.*

Color, white

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the word not required in this line.}

Occupation, Commission merchant

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 441 Sharp St

Cause of Death, First, (Primary,) Accidental fall from window

Second, (Immediate,) Fracture of skull

Duration of last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, July 9th 1880 Edmund R Walker M. D.

Medical Attendant.

Undertaker, Stud[illegible] & Moore.

Place of Business, 35 Park Ave. *Address,* Corner M. & P.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Call Special Attention

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rev. J. Wood Dunn

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 59 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Episcopalian Clergyman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, four weeks

Place of Death, {Give street and number} h. 181 Strieber St.

Cause of Death First, (Primary,) Phthisis Pul.

Second, (Immediate,) Cachexia

Duration of last Sickness, four days. from accurt from

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Ground

Date of Burial, July 11 80

Undertaker, Chas A. Mowen

Place of Business, 36 Park

T. B. Bruce M. D.
Medical Attendant.

Address, 207 Maryland ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to h within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- orth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

DULANY & CO. CITY PRINTERS AND STATIONERS.

No. ____

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14286

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary Emma Hackett

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, 54 *Years,* 3 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ~~Housekeeper~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 54 years

Place of Death, {Give street and number} 130 N. Fremont St.

Cause of Death, First, (Primary,) Stoppage of Urine

Second, (Immediate,) Exhaustion

Duration of last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, 11th July

Undertaker, Peter Klemmert

Place of Business, 317 Mulberry st

H. F. Hill M. D.
Medical Attendant.

Address, 36 Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41287

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Frances

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* Fourteen *Days.*

Color, Mulatto *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No 113 N. Paca St.

Duration of Residence in the City of Baltimore, Two weeks

Place of Death, {Give street and number.} No 113 N Paca St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Orchard st or Sharp Cem

Date of Burial, July 10 th

{*Undertaker,* J H Warren

Place of Business, 129 W Pea st

& L. B. Gardner M. D.
Medical Attendant.

Address 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Einrich

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 Years, 4 Months, ____ Days.

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, ~~Since Birth~~.

Place of Death, {Give street and number} 157 E. Durham St.

Cause of Death, First, (Primary.) ____

Second, (Immediate.) Scarlet Fever

Duration of last Sickness, Five Days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 10th 80.

Aug. F. Erich M. D.
Medical Attendant.

Undertaker, M. Evans

Place of Business, 281 Fenlon Alley

Address, 94 E. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41289

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 7th 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Tennant

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 1120 Eutaw

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Chronic Diarrhoea

Duration of last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 9th

Undertaker, ____

Place of Business, ____

Wm. H. Doctt M. D.
Medical Attendant.

Address, 1120 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41290.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Edward Ohlendorf.

~~*Sex,* Male or Female,~~ {cross out the word not required in this line.}

Age, —— *Years,* 6 *Months,* —— *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number} No 1 Lib Bond St

Cause of Death {First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Grave

Date of Burial, July 10th

Silas H Hunter M. D.
Medical Attendant.

Undertaker, W. Siffel

Place of Business, S. Bond St 151 *Address,* 36 Greenmt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Ba...

Permit No. 41291

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Longmill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 65 Myrtle

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 10, 1880

Undertaker, Austin Sons

Place of Business, 263 Light

Sheridan Coates M.D.,
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 41292

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE.

Date of Death, July 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Arnold Hitchcock

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~~Years~~ 9 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, always —

Place of Death, {Give street and number} 50 E. Fayette St

Cause of Death First, (Primary,) Dentition —

Second, (Immediate,) Cerebral Convulsions

Duration of last Sickness, about a month —

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 11th 1880

Undertaker, D H Myer

Place of Business, 12 W Balto St

H. D. Dohme M. D.
Medical Attendant.

Address, 86 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41293

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 80.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. H. Weks.

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, ... *Years,* 1 *Months,* 29 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City.

Duration of Residence in the City of Baltimore, acc'd's life

Place of Death, {Give street and number.} 42 S Mount St.

Cause of Death, First (Primary,) Cholera Infantum,

Second (Immediate,)

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem.

Date of Burial, July 10 1880

Undertaker, J. D. Cook

Place of Business, 707 W. Baltimore St

John L. K. Mitchell M.D.
" " Medical Attendant.

Address, City.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 41294

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9 - 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jennie Johnson.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 30. *Years,* ~~~ *Months,* ~~~ *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Unknown.

Duration of Residence in the City of Baltimore, Unknown.

Place of Death, {Give street and number} 15 Race St.

Cause of Death First, (Primary,)

Second, (Immediate,) Consumption

Duration of last Sickness, 4 weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery.

Date of Burial, July 11 - 1880

Undertaker, Jacob Davis

Place of Business, Lee St

James A. Steuart M. D.

[redacted]

Address, County of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Geo. E. Fanding

For Special Attention.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 9th July 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsie Taylor.

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* Seventeen *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give street and number} # 8 South Oregon St.

Cause of Death { First, (Primary,) Cholera Infantum.
Second, (Immediate,) —

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem.

Date of Burial, July 10 1880

A. C. Fox M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St *Address,* Cor Payette & Schroeder Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Norton

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.} V

Occupation, Lady

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 718 W. Pratt st.

Cause of Death { First, (Primary,) Heart Disease (2 months
, { Second, (Immediate,) This was the cause from her symptoms while dying

Duration of last Sickness, One hour

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, July 11, 1880

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St

John Hood M. D.
Medical Attendant.

Address, 2 N. Carey st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Haack

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, about 28 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } unmarried

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } York - Pennsylvania

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, { Give street and number. } 82 Raborg St

Cause of Death, { First (Primary,) Don't Know. I never saw her until called in the Second (Immediate,) absence of her physician, when I found her dead.

Duration of Last Sickness, It is said to have been 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, York Pennsylvania

Date of Burial, July 11 1880

Wm. H. Murray M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St *Address* Fayette cor Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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The Special Attention of ...

Board of Health, City of Baltimore

Permit No. 41298

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 10 1899 BALTIMORE.

Date of Death, July 9 1899

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Moore

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* About 8 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} V

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 1 N Vincent Alley

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) "

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Mount Ararat Cemetery

Date of Burial, July 10 1899

Undertaker, William Berger

Place of Business, No 62 East Pratt Street

W. H. Keyser M.D. M. D.
Medical Attendant.

Address, Mt Lafayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 41299

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Brown

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days.*

Color, white

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number} 240 Penna Ave

Cause of Death, First, (Primary,) Natural

Second, (Immediate,) Apoplexy (~~of the brain~~) Instantly sudden death

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 10

Undertaker, Chas Blizzard

Place of Business, 201 Pa Ave

Edmund Walker M. D.
Medical Attendant.

Address, Comm Mo D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Case of Disease on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE

Date of Death, July 8th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Britania Berdo

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. }

Age, 34 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow, or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ~~[illegible]~~

Place of Death, { Give street and number } N E Cor Pine & Saratoga

Cause of Death { First, (Primary,) Heart Disease / Second, (Immediate,) Exhaustion

Duration of last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 10

Undertaker, C W Blizzard

Place of Business, 201 Pine av

R. Winslow M. D.
Medical Attendant.

Address, 201 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Rist

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give street and number} University Hospital

Cause of Death First, (Primary,) Scarlet fever

Second, (Immediate,) asthenia

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, [redacted]

Undertaker, [redacted]

Place of Busin [redacted]

[redacted] M. D.

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41302

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE

Date of Death, 9th July 1880 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret —

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} —

Age, — *Years,* Seven (7) *Months,* — *Days.*

Color, Black -

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore -

Duration of Residence in the City of Baltimore, during life -

Place of Death, {Give street and number} No 9 Courtland St.

Cause of Death, First, (Primary.) Cholera Infantum -

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, about 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, July 11th 1880

Wm C Cream Bibbins M. D.
Medical Attendant.

Undertaker, H Wayman

Place of Business, 13 Saratoga St *Address,* 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimor

Permit No. 41303.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 10 1900 BALTIMORE

Date of Death, July 8th 1900

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Leslie Parris

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 5 mths *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 696 Hanover St

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 696 Hanover

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) .....

Duration of last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 11

Thos S Smith M. D.
Medical Attendant.

{ *Undertaker,* B. Marx
{ *Place of Business,* 411 Light St. *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41304

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 80.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm B Bollman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 247 Battery ave Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 247 " "

Cause of Death {First, (Primary,) Dentition

{Second, (Immediate,) Meningitis

Duration of last Sickness, 36 hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cemetrie

Date of Burial, July 11th.

Undertaker, B. Hanle.

Place of Business, 411 Light street.

Louis Ch Hein M. D.
Medical Attendant.

Address, 226 Battery Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the necessity of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41305

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 9 July 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Warrly Bossard

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 36 *Years,* 7 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Labourer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and number} 185 Vine St.

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Asthenia

Duration of last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 11th 1880

Undertaker, W. Wmadden

Place of Business, 280 Chestnut

J. W. P. Bates M. D.
Medical Attendant.

Address, 112 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention ... of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41306

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia & George Hubner (Parents)

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 1 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 14 Bradford alley

Cause of Death { First, (Primary,) Compression of cord at birth
Second, (Immediate,) asphyxia

Duration of last Sickness, life

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews

Date of Burial, July 10 1880

Undertaker, John Herwig

Place of Business,

James A. Stewart M. D.
Medical Attendant.
per McShane

Address, Comm'rs of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by L. P. Smith

Board of Health, City of Baltimore,

Permit No. 41307

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 8th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Perry

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 27 *Years,* — *Months,* — *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, { Cross out the word not required in this line. }

Occupation, Seaman

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number. } St. Josephs Hospital Caroline & Eden Sts

Cause of Death, First, (Primary.) Typhoid - Malarial Fever

Second, (Immediate.) Exhaustion from Fever

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, July 9

Undertaker, Patrick Mullin

Place of Business,

Chas B. Gladsmith M.D.,
Medical Attendant.

Apt Surg. U.S.M.H.S.

Address, Custom House

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 8th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sonora Vernon Peeler

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days.*

Color, W M C

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 4 years old

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 411 Eutaw all

Cause of Death { First, (Primary,) Pneumonia Bronchialis
, { Second, (Immediate,) .....

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bapt. St. Cemetery

Date of Burial, July 11th 1880

Undertaker, John F. Grey

Place of Business, 65 Mulberry

J. W. Davis M. D.
Medical Attendant.

Address, 85 W Hoyt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41309

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41309

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. W. Lutz

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 43 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} #338 N. Bond St.

Cause of Death { First, (Primary,) Acute Gastritis (from drink)
Second, (Immediate,) Collapse

Duration of last Sickness, Nearly 3 weeks, was not called until day before he died

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 11th

Undertaker, Wm. H. Hickman

Place of Business, 23 Hill. Court *Address,* #305 N. Caroline

Geo. A. Nattrass *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death, unless detained, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jane Smith July 10, 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Smith

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 69 yrs

Place of Death, {Give street and number} 238 Mulberry

Cause of Death First, (Primary,) Ovarian Cyst

Second, (Immediate,)

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, July 12th 1880

L M McCaslin M. D.
Medical Attendant.

Undertaker, H. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 349 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41311

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jacob Deems Jr.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 65 *Years,* 9 *Months,* 14 *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Clerk in Custom House

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } No. 6 Hollins St.

Cause of Death, First (Primary,) Death sudden. Cause unknown —

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 12th

Undertaker, J. B. Blackiston.

Place of Business, Custom House.

Wm. H. Murray M. D.
Medical Attendant.

Address Fayette & Front Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 9 July 9 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A C. R. Stewart

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 37 *Years,* ——— *Months,* ——— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Cedar alley

Cause of Death, First, (Primary.) Heart disease

Second, (Immediate,) General dropsy & Diarrhea

Duration of last Sickness, about Six weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 11 1880

Undertaker, S. H. Chase & Co

Place of Business, No 198 Howard St

G. H. Harris M. D.
Medical Attendant.

Address, Co Sticker & Lanahan

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/13/3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ~~deceased~~, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Houston

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 187 Henrietta St.

Cause of Death {First, (Primary,) Tabes Mesenterica

Second, (Immediate,)

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial July 11 1880

Undertaker, S M Chase

Place of Business, No 198 Howard St

R. M. O'Hall M. D.
Medical Attendant.

Address, 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas. H. Lee

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 31 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, Machinist

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 312 E. Chase St.

Cause of Death { First, (Primary.) Laryngeal Phthisis

Second, (Immediate,)

Duration of last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 12th 1880

Undertaker, Henry H. Mears

Place of Business, 46 N. Gay St

E. C. Price M. D.
Medical Attendant.

Address, 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

This Special Attention ... of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41315

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine A. Welsh

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 25 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 289 S. Eutaw St.

Cause of Death First, (Primary.)

Second, (Immediate,) Inanition

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 11th 1880

R. J. H. Tull M. D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, Hanover St *Address,* 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 41316

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE.

Date of Death, July 9, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Henry Wilson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 1 Months, 7 Days.

Color, Colored *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 329 Hoffman st

Cause of Death, First (Primary,) Branchitis

Second (Immediate,) Asthenia

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 12 80

Undertaker, Samuel Wishart

Place of Business, 98 S. Howard St *Address* 118 Penna Ave

E. Coughlin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 41317

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE.

Date of Death, July 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresa Yost

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Butte City

Duration of Residence in the City of Baltimore, ____

Place of Death, {Give street and number} 8 n Edwd St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Asthenia

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, July 10th J. H. Guiteau M. D.

Medical Attendant.

Undertaker, Joseph F Byrne

Place of Business, 59 n Eutaw *Address,* 259 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of [illegible] of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11318

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brunwell

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* *Days.*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No 6. L. Pine St

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 11th 1880

Undertaker, Wm. J. Gray

Place of Business, 65 Mulberry

Elsie Dunphie M. D.
Medical Attendant.

Address, 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 10 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Christian

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 0 *Years,* 0 *Months,* One Week *Days.*

Color, Light brown

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, one Week

Place of Death, {Give street and number} 27 Union st

Cause of Death {First, (Primary,) Unknown

{Second, (Immediate,) Convulsions

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 11th 1880

B F Bohner M. D.
Medical Attendant.

Undertaker, Wm James Gray

Place of Business, 65 Mulberry St *Address,* Cor Dolphin & Druid Hill av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41320

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret McCaffrey

Sex, Male or Female, {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} County Cavan Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 178 Hollins st

Cause of Death { First, (Primary,) Phthisis
Second, (Immediate,)

Duration of last Sickness, 1 year

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral cemetery

Date of Burial, July 12th 1880

P. V. Benson M. D.
Medical Attendant.

Undertaker, Jos. H. Lurz

Place of Business, Corner Baltimore streets *Address,* 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41321

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41321

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leo Hogan

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 13 *Months,* ____ *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 13 mos.

Place of Death, {Give street and number} 12 N. Pippleton

Cause of Death, {First, (Primary,) Diptheria

Second, (Immediate,) Eight (8) Days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 11 1880

Undertaker, Wm B. Cook

Place of Business, 1707 N Baltimore Street

H. L. Lucas M. D.
Medical Attendant.

Address, 329 W Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 4/1357

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 10., 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Neil McLaughlin

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 67 *Years,* 11 *Months,* 14 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Shoemaker

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 46 Years

Place of Death, { Give street and number. } 114 Hanover

Cause of Death, First, (Primary.)

Second, (Immediate.) Cirrhosis of the Liver

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 12th

Undertaker, F. N. Doll

Place of Business, 131 Hanover St

Thos. Corbin M.D.,

Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 41333

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius Mills

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 88 Parkin St

Cause of Death, First, (Primary.) Heat

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 11th 80

Landon Cook M.D.,
Medical Attendant.

Undertaker, A. L. Noll

Place of Business, 131 Hanover St *Address,* 116 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4 13 [illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Penick

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 39 N. Caroline St.

Cause of Death { First, (Primary,) Mal-Nutrition
Second, (Immediate,)

Duration of last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 12

J. H. Collenberg, M. D.
Medical Attendant,

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address,* 357 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41325.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41325

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Backleman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ~ *Years,* 4 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 74 Bank St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, July 1880

W. M. Cattell M. D.
Medical Attendant.

Undertaker, John C. Schuck

Place of Business, 268 Aliceanna St *Address,* 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kunigunda Kriner

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 17 *Years,* 9 *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 23 Union St.

Cause of Death, First, (Primary.) Scarlet Fever

Second, (Immediate,) Congestion of Brain

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, July 12th

Undertaker, Peter Linner

Place of Business, 311 Mulberry

J. H. Keller M. D.
Medical Attendant.

Address, 87 S Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10 th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Schultz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 2 *Months,* 19 *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Baltimore

Duration of Residence in the City of Baltimore, in

Place of Death, {Give street and number.} 80 Spring St

Cause of Death, {First (Primary,) Gastro-Enteritis / Second (Immediate,) Convulsions

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mont. Cormel Cemt

Date of Burial, July 11 th 1880

Undertaker, Julius Hauck

Place of Business, No 12 Miller St

C A Abercrombie M. D.
Medical Attendant.

Address 1445 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41228

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1880.

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Laney

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 95 *Years,* ... *Months,* ... *Days.*

Color, White

~~Married, Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} South Caroline St 262

Cause of Death { First, (Primary,) Dysentary
Second, (Immediate,)

Duration of last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 12th

Undertaker, Wm. H. Hopkins

Place of Business, 234 N. Gay St.

Geo. A. Lennemon M. D.
Medical Attendant.

Address, 73 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41329

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Saml Sparklin

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 80 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Forty one years

Place of Death, {Give street and number} 79 S Sharp St

Cause of Death First, (Primary.) Decrepitude & old age

Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, July 12 " 1880

Undertaker, Penny & Mitchell

Place of Business, 55 & 57 W Fayette St *Address* W Fayette & Calhoun sts

W L Keyser M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

41330

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41330

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. White

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Seventy five *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Brick Maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Sussex Co Virginia

Duration of Residence in the City of Baltimore, Six days

Place of Death, {Give street and number} No 2 Riguedy Court

Cause of Death, First, (Primary,) Typhoid Pneumonia

Second, (Immediate,) Cerebral Congestion

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 11 1880

Undertaker, S W Chase

Place of Business, No 193 Howard St

L. D. Dyer M. D.
Medical Attendant.

Address, 1446 Hill St L. D. DYER M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41331

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10 - 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo A Graves

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, blk

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Porter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 28 Bolton St

Cause of Death First, (Primary,) congestion of Brain

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 11 1880

Undertaker, J S Wroth

Place of Business, No 198 Harford Ave

G Lane Dunphin M. D.
Medical Attendant.

Address, 129 N Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1890

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lizzie A. Bennett

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 2 *Years,* 7 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Child

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number } 1228 Carlton Ave.

Cause of Death, { First, (Primary.) Diphtheria

Second, (Immediate.) Exhaustion

Duration of last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, July 11th 1890

J. H. Buxton M. D.
Medical Attendant.

Undertaker, H. M. Zehringer

Place of Business, 361 Canton Ave *Address,* 2144 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 4713 93

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Barton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Austria

Duration of Residence in the City of Baltimore, Fourteen years

Place of Death, {Give street and number.} # 294 S. Ann St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 12th 1880

Undertaker, A. Kohler

Place of Business, 244 E. Lombard *Address.* #240 Aliceanna St

John A. Rehberg M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th, 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Mogan,

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 41 *Years,* — *Months,* — *Days.*

Color, White. *Sex,* Married.

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Engineer.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } New York

Duration of Residence in the City of Baltimore, 8 Years,

Place of Death, { Give street and number. } Elevator "Domestic"

Cause of Death, { First (Primary,) Apoplexy. / Second (Immediate,) }

Duration of Last Sickness, 5 Hours,

All the above information should be furnished by the Physician.

Place of Burial, Baltto cemetery

Date of Burial, July 11th 1880

Undertaker, Denny & Mitchell

Place of Business, 665 S Broadway

A. L. Sullivan, M. D.
Medical Attendant.

Address 116 Thames St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. A 4 3 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lulu Davis

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} f.

Age, ... *Years,* Six *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 245 S Gilmor st

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 11 1880

Undertaker, Blackistone Son

Place of Business, Balto st near Gilmor

W R McKee *M. D.*
Medical Attendant.

Present Address, 582 W Lafayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

DEPARTMENT OF HEALTH BALTIMORE

Permit No. 4213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Boehnlein

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Two *Years,* Five *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 4 Windsor St.

Cause of Death { First, (Primary,) Convulsions
Second, (Immediate,) Twelve hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, July 12th 80

Nicholas L. Dorsett M. D.
Medical Attendant.

Undertaker, J. C. Evans

Place of Business, 280 Canton Ave *Address,* 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of ... this certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JUL 11 1880 CITY DEPARTMENT OF HEALTH BALTIMORE

Permit No. 1133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lavinia Hamilton

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Twenty five *Years,* — *Months,* 11 *Days.*

Color, Brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, Twenty four years

Place of Death, {Give street and number} No 32 Edward Street-

Cause of Death, First, (Primary,) Phthisis Pulmonalis,

Second, (Immediate,)

Duration of last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 11th 1880

Undertaker, Wm A Duncan

Place of Business, No 62 East 4th

Whitefield Vinnes M. D.
Medical Attendant.

Address, 116 Fayette Street-

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41338

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Nicols

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, One *Years,* 6 *Months,* *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Nr 15 Wood pr

Cause of Death {First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 11th

{*Undertaker,* Bird & Foote

{*Place of Business,* 73 Jefferson st

H. L. Russell M. D.
Medical Attendant,

Address, Broadway & Madison

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Hamey

~~*Sex,*~~ *Male or* ~~*Female,*~~ { Cross out the words not required in this line. }

Age, 48 *Years,* *Months,* *Days*

Color, W

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the words not required in this line. }

Occupation, Tailor

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, Abt 7 Months

Place of Death, { Give street and number. } 204 E. Lombard St

Cause of Death, { First (Primary,) (Autumn.) / Second (Immediate,) }

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, July 11

Undertaker, Patrick J. Mullin

Place of Business,

Chas. M. Moffit M.D.
Corner E & O
Medical Attendant.

Address, 6 & 8 S. 12th St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41340

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Patrick Doyle

Sex, Male or Female, {cross out the word not required in this line.}

Age, / *Years,* 3 *Months,* 28 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Both Ord

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 10 Curley St

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,) Bro meks

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, July 11, 1880

Undertaker, M. A. Dwyer

Place of Business, 74 S. Broadway

E. Jones Williams M. D.
Medical Attendant.

Address, 17 Roberts St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...sh within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per ...ceased, and the cause and date of death, except in cases of ~~births and deaths~~ of illegitimate children,

...BULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41341

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Charles Cowell

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 19 *Years,* 1 *Months,* 8 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City, Md.

Duration of Residence in the City of Baltimore, his life

Place of Death, {Give street and number} N. W. Cor. Gough & Wolfe Sts.

Cause of Death First, (Primary,) Cerebral Meningitis

Second, (Immediate,) Eight Days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, July 11. 1880

Undertaker, M. A. Daye

Place of Business, 94 S. Broadway

John F. Simmons M. D.
Medical Attendant.

Address, 8 W. Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 7 1 3 4 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Harriet Meinster

Sex, ~~Male~~ *or Female,* {Cross out the words not required in this line.}

Age, 76 *Years,* *Months,* *Days*

Color, White,

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} Widow

Occupation, Housewife

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Dorches Co. Md Sixty years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 418 E. Lombard St.

Cause of Death, First (Primary,) Catarrhal Pneumonia

Second (Immediate,) Asphyxia

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 12th 1880

Undertaker, Fry & Bro

Place of Business, Broadway & Fayette St

G. L. Lusk M.D.

Medical Attendant.

Address, Balt. & Hanover Sts.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 41343

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41343

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 11 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 9th 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter Crisp

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, About 18 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Sailor, Steamer Glenrath from Leith Scotland

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Newcastle ~~on Tyne~~ England

Duration of Residence in the City of Baltimore, Steamer Arrived July 7th 1880.

Place of Death, { Give street and number } In the Harbor off Pier 31. B&O. RR. Locust Point

Cause of Death, First, (Primary,) Accidental drowning.

Second, (Immediate) ~~Burning~~ & being unable to Swim.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bella Cemetery

Date of Burial, July 11th 1880.

Undertaker, Young & Mitchell

Place of Business,

L. A. Beck M. D.
Medical Attendant
Coroner

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BULLEY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11354

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Unknown~~ Conrad Lortz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, abt 12 *Years,* *Months,* *Days.*

Color, Wh

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number.} Foot of Chester St

Cause of Death, {First (Primary,) 3 Drowned / Second (Immediate,)}

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 12 July 1880

{*Undertaker,* John F. Finch / *Place of Business,* 265 Allen ave}

Chas. H. Wright M. D.
Coroner E. D. Medical Examiner.

Address 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11345

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George R. Skillman

~~Sex~~, *Male or ~~Female~~,* {Cross out the word not required in this line.}

Age, 20 *Years,* 6 *Months,* 2 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} No 329 Myrtle av.

Cause of Death, {First (Primary,) Bright's Disease of the Kidneys

Second (Immediate,)

Duration of Last Sickness, 7 years.

All the above information should be furnished by the Physician

Place of Burial, Mount Olivet Cem.

Date of Burial, July 12th 1880

Pembroke Mc. Donald M. D.
Medical Attendant.

{*Undertaker,* Jos. F. Byrne

Place of Business, 5 N. Liberty St.

Address 205 N. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41346

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Parker Lusby

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 2 *Months,* 25 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} # 91 — W. Baltimore St

Cause of Death, First (Primary,) Heat, and feeding by hand

Second (Immediate,) Cholera infantum, 3 days

Duration of Last Sickness, 2 or 3 days, not considered serious until a few hours before death - he died before my arrival

All the above information should be furnished by the Physician.

Place of Burial, Md Cathedral cemetery E Gover, Cor M. D.

Attendant.

Date of Burial, July 12 1880

Undertaker, Jno H Weaver Jr *Address* 289 W Fayette st

Place of Business, 22 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Leonard

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* 17 *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 25 Chesnut Alley

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Meningitis

Duration of last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Shaw's St B. Ground

Date of Burial, July 12, 1880

Undertaker, Jacob Davis

Place of Business, 103 Lee Str.

Davis M. D.
Medical Attendant.

Address, 226 Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41341

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41348

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaac Lowenberg

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, / *Years,* 3 *Months,* *Days.*

Color, white

M~~arried~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 218 S. Bond St

Cause of Death, {First, (Primary,)

{Second, (Immediate,) Cholera Infantum

Duration of ~~Last~~ Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, W. Hebrew Cemetery

Date of Burial, July 12th 1880

Undertaker, Wm. Elias

Place of Business, 101 Gough St

Aug. F. Esch M. D.
Medical Attendant.

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Myers

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 15 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 520 Penna Ave

Duration of Residence in the City of Baltimore, 1 Yr. 15 Days.

Place of Death, {Give street and number} 520 Penna Ave

Cause of Death, First, (Primary,) Hemorrhage from mouth & bowels.

Second, (Immediate,) Convulsions

Duration of last Sickness, One hour

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 12

H. Rickert, M. D.
Medical Attendant.

Undertaker, F. Fallon & Sinnel

Place of Business, 262 W. Pratt *Address,* 520 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41350

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41350

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline M Miller

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* 10 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 29 Mystic Ave

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, about 10 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 12 1880

H Darling *M. D.*
Medical Attendant.

Undertaker, Mathew Gaddyan

Place of Business, 227 Mulberry St *Address,* 252 Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Berry

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, ——— *Years,* Sixteen *Months,* ——— *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in ~~this line.~~} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Lambert's Court 3 doors from Wyeth St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Exhaustion

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, July 13th 1880

Undertaker, John Thacher

Place of Business, Camden & Pacca

DeLancey H. Barclay M. D.
Medical Attendant.

Address 47 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 41392

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41352

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Patrick McIntyre

Sex, Male or Female, { cross out the word not required in this line. }

Age, 67 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth: } Ireland

Duration of Residence in the City of Baltimore, 34 years —

Place of Death, { Give street and number } 62 Penn St —

Cause of Death, First, (Primary) Chronic Inflammation of the

Second, (Immediate,) Bladder,

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 13th 1880

Chas F. Michael M. D.
Medical Attendant.

Undertaker, John Mercher

Place of Business, Pace & Camden *Address,* 283 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41353,

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Sunday July 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sedonia Parker

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 6 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 262 Raburg St. Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 262 Raburg St.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Cyclitis Infantum

Duration of last Sickness, 5 days. - Child had no Medical attention was asked to furnish certificate

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 12 1880

Undertaker, J. McShane

Place of Business, 1698 Edward St

J Dimmett Jones M. D.
Medical Attendant.

Address, 352 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml. Morris Clarke

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 *Years,* 10 *Months,* 13 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country. (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} No 162 Orme Street

Cause of Death { First, (Primary,) Dropsy Dependent on Enlarged Spleen
Second, (Immediate,) —

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 12 1880

Undertaker, S. V. Chase

Place of Business No 191 Howard St

Chas G. Goff M. D.
Medical Attendant.

Address, 306 N. Eutaw Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41355

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret F. Maddox

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ... *Years,* 8 *Months,* ... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number } 167 York St.

Cause of Death { First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 12 1880

Undertaker, D W Chase

Place of Business, No 198 Howard St

P. M. Haec M. D.
Medical Attendant.

Address, 162 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11356

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Taylor

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* 21 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifelong

Place of Death, {Give street and number} 69 Lemon St.

Cause of Death {First, (Primary,) Pneumania,
Second, (Immediate,)

Duration of last Sickness, about one week

All the above Information should be furnished by the Physician.

Place of Burial, Levering Cemetery

Date of Burial, July 12 1880

Undertaker, William Monroe

Place of Business, No 62 East St

J. G. White M. D.
Medical Attendant.

Address, 30 N. Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11 80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas. Boyle

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } N. Baltimore

Duration of Residence in the City of Baltimore, 4 mos

Place of Death, { Give street and number } 17 Stirrett St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, Five (5) Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, July 12 1880

H. L. Speir M. D.
Medical Attendant.

Undertaker, P. B. Lasch

Place of Business, 1697 W. Baltimore Street *Address,* 374 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41358

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos E Hearn

Sex, Male or Female, {cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Mechanic

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Howard Co

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and number} 759 N Lombard

Cause of Death, First, (Primary,) Cerebro Cardiac

Second, (Immediate,) Hemiplegia, Cerebral

Duration of last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Howard county with Hearse

Date of Burial, July 13th 1880

Edmund Brady M. D.
Medical Attendant.

Undertaker, Jos S. Coale

Place of Business, 1707 N Baltimore street | *Address,* Govans P O

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. ____

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41359

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John O'Kelly

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, 29 *Years,* ____ *Months,* ____ *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Brick Maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number } 577 Light St

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Malarial Fever

Duration of last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, July 13 1880

H. B. Noble M. D.
Medical Attendant.

Undertaker, C. F. Krause

Place of Business, ____ *Address,* 17 Warren Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 4110

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/1360

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie May Van Rossum

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* ____ *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 112 S. Ann Street

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, July 13th 1880

James T. Shaw M. D.
Medical Attendant.

Undertaker, Henry K. Wilson

Place of Business, 45 N Gay *Address,* 68 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

No. 4

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Justus Brewer

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, —— *Years,* 11 *Months,* ——— *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ——

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } Fort ave near Hull St

Cause of Death, First, (Primary,) General miliar Tuberculosis

Second, (Immediate,) Meningitis basilaris

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cimetery

Date of Burial, July 12th 1880

Wm Lazear M. D.
Medical Attendant.

Undertaker, R. C. Dill

Place of Business, 183 Columbia ave. *Address,* 165 W Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 41364

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 11. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May E. Crawford

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~. {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} A. Connecticut

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give street and number.} 34 Bond

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis

Duration of Last Sickness, 5 Years

All the above information should be furnished by the Physician.

Place of Burial, Prince [redacted] Co. Md.

Date of Burial, July 12th 1880

Undertaker, Armstrong & Sons

Place of Business, 263 Light St.

Rodman Cook M.D.,
Medical Attendant.

Address, 46 Hanover St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Issued 1837

The Special Attention of Physicians is respectfully invited to the Reports below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41363

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Lewis

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* Six *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number} 15 Cornelia Alley

Cause of Death { First, (Primary,) Diarrhea
Second, (Immediate,) Exhaustion

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 12th

Undertaker, G H Perkins & Co

Place of Business, 130 Henrietta St *Address,* Southern Dispensary

William Neal M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11 " 80.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Rickler

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 61 *Years,* 8 *Months,* *Days.*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Alexandria. Va.

Duration of Residence in the City of Baltimore, 41 years

Place of Death, {Give street and number} 82 Warner St.

Cause of Death { First, (Primary.) Apoplexy
Second, (Immediate,) 2 days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Court

Date of Burial, July 13 1880

Undertaker, M. J. Tichner

Place of Business, 152 E. Eutaw st

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/1365

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11. 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Gunghan

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

Age, 1 *Years,* ——— *Months,* 8 *Days.*

Color, White

~~*Married,* Single, *Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 1 8/365 yrs

Place of Death, {Give street and number} 44 Cliffords alley

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters R.C.

Date of Burial, July 13th 1880

Undertaker, Wm. J. McBrien

Place of Business, 62 S. Eutaw

J. McCahan M. D.
Medical Attendant.

Address, 249 Lurel

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th day of July

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Gabriel Fenterlander

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, [illegible] *Years,* *Months,* [illegible] *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 330 Mulberry St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 330 Mulberry St

Cause of Death, First (Primary,) [illegible]

Second (Immediate,) consequence of Cholera

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Alphonsus Cem

Date of Burial, July 12th 1880

Undertaker, F. Louis Schaefer

Place of Business, 109 N Fremont Address 120 Paca

[illegible] *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11 — 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Mehrer

Sex, Male or Female, {cross out the word not required in this line.}

Age, Forty four *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Cigar maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 1044 Chatsworth St

Cause of Death, First, (Primary.)

Second, (Immediate.) Pulmonary Consumption

Duration of last Sickness, About four years

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 13

Undertaker, Wallace Cadwell

Place of Business, 22 Hanover St

D. Kreiss M. D.
Medical Attendant.

Address, 87 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41368

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Goode

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 83 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, { Give street and number } 70 Maryland Ave

Cause of Death, First, (Primary.) Old age

Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 13th 1880

Undertaker, Chas. T. Sevier

Place of Business, 211 E. Eutaw St

D. C. Williams M. D.
Medical Attendant.

Address, 201 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41369

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 11th July 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Quillan

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 58 *Years,* ——— *Months,* ——— *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation, Laborer.

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 30 Years.

Place of Death, { Give street and number. } John Street — Extended.

Cause of Death, { First (Primary,) Dysentery. Second (Immediate,)

Duration of Last Sickness, Five weeks.

All the above information should be furnished by the Physician.

Place of Burial, All Hallows Cemetery Geo. J. Collins M. D.

Date of Burial, July 14th 1880 Medical Attendant.

Undertaker, Wm Weaver Address Richmond St. & Park Avenue

Place of Business, No 202 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 41370 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Smith

Sex, Male or Female; {Cross out the word not required in this line.}

Age, 8 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} England

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Home of the Friendless

Cause of Death, First (Primary,) Tubercular Meningitis

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 12th 1880

Undertaker, Wm O'Meara

Place of Business, 1202 N. Eutaw St

I E Atkinson M.D.
Medical Attendant.

Address 223 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10 - 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Fuyer.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 70 *Years,* ~~~ *Months,* ~~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give street and number} 650 W. Pratt St.

Cause of Death { First, (Primary,) Old age.
Second, (Immediate,) Paralysis
3 Days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, July 12. - 1880.

Undertaker, W. Cadagan.

Place of Business, 227 Mulberry St.

James A. Stewart M. D.
per M. O'Shea

Address, Coroners of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Ex by John E. Pinding

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41374

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 10 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wood Rebecca Dorsey

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* One *Months,* One *Days.*

Color, Dark

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number } 22 Eden Alley

Cause of Death, { First, (Primary,) Cholera Infantum
Second, (Immediate,) Three Weeks

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 12th 1880

Undertaker, Wm J Gorsuch

Place of Business, 68 Milton Ave

J. Y. Kuhn M. D.
Medical Attendant.

Address, 69 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 4173

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/973

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Welch

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number} 12 Burns Ln

Cause of Death First, (Primary,) Malignant disease of Stomach

Second, (Immediate,) Dropsy

Duration of last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, St. Peters cemetery

Date of Burial, July 13th 1880

Undertaker, Wm J Burns

Place of Business, No 63 N Front St

Chas A Gorman M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 41374

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Wm Dietz

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Four (4) *Years,* Nine (9) *Months,* One (1) *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } S

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 101 Chestnut Street

Cause of Death, First, (Primary.) Entric fever (Typhoid)

Second, (Immediate.) Pyrexia

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 13th

Undertaker, Geo Schilling

Place of Business, Ashland Square

Wm Tilden M.D.,
Medical Attendant.

Address, 101 Chestnut Street

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Jane Coombs

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 698 Hanover St.

Cause of Death, First, (Primary,) Whooping Cough

Second, (Immediate,) Tuberculous Meningitis

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, July 13th 1880

J. Lenderson Cole M. D.
Medical Attendant.

Undertaker, Mrs. Krause

Place of Business, Hanover St. *Address,* 446 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41376

The Physician who attended deceased during a last illness is responsible for the presentation of this Certificate accurately filled.

15 — 16 under penalty of law.

NO PERMIT FOR BURIAL CAN BE GIVEN.

HEALTH DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, July 11 " 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret McMasney

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, —— *Years,* 6 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 70 Dirpt alley

Cause of Death First, (Primary,) Whooping Cough

Second, (Immediate,) Congestion of Brain

Duration of last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Govanstown Md

Date of Burial, July 12 " 1880

Undertaker, Jas B. Hawkins

Place of Business, 7 Light St

James A. Steuart M. D.

~~Medical Attendant.~~

per McShane

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Coroner

4137 * See following Certificate

JUL 12 1880 BALTIMORE.

Date of Death July 11. 1880

Name of Deceased Margaret McNamara

Sex Female

Age 6. months 7 days

Color White

Birth place Balt

Residence No 8 Durst Alley

Place of Death 70 Durst Alley

Cause of Death { Whooping Cough
Convulsions

Duration of Last Sickness 7. Weeks

Physician Dr. Wm. Smith

Undertaker Wm. Hamm Jr.

Government * See following certificate

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41377

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... JUL 12 1880 BALTIMOR...

CERTIFICATE OF DEATH.

Date of Death, July 11th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah F. Gontrum.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, ____ *Years,* 5 *Months,* 9 *Days.*

Color, ____

~~*Married*~~, *Single*, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} Single.

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 60 N. Exeter St.

Cause of Death, First (Primary,) Enteritis

Second (Immediate,) Meningitis

Duration of Last Sickness, 10 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 13th 1880

Undertaker, Thos. J. Hughes

Place of Business, 60 E. Exeter St.

Jno. F. Powell M. D.
Medical Attendant.

Address 227 Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 41378

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE

Date of Death, July 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Medina

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 19 *Years,* 7 *Months,* 15 *Days.*

Color, Color

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housework

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 117 Lawson St.

Cause of Death, First, (Primary.) Phthisis Pulmonum

Second, (Immediate.) Marasmus

Duration of Last Sickness, One (1) year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch

Date of Burial, July 14th 1880

Undertaker, Henry Stack

Place of Business, 309 N. Eutaw *Address,* [redacted]

[redacted] M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1113

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11 /80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Biesohn

Sex, Male or Female, {cross out the word not required in this line.}

Age, 43 *Years,* ____ *Months,* ____ *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Store Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number} N E Cor Aisquith & Chase

Cause of Death, First, (Primary.) ____ Second, (Immediate,) Heat Stroke

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, July 13th 1880

Undertaker, Henry Haeck

Place of Business, 309 Central Ave,

J W White, M. D.
Medical Attendant.

Address, 3169 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 11[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41380

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John, Henry - Valy -

Sex, Male or Female, {cross out the word not required in this line.} Male -

Age, 1 *Years,* 9 - *Months,* 5 *Days.*

Color, White -

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, always -

Place of Death, {Give street and number} 120 Fort ave

Cause of Death {First, (Primary,) Dentition

{Second, (Immediate,) Inflammation of Brain -

Duration of last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Lorraine, Penn.

Date of Burial, July 13, 1880

Undertaker, Henry Lander

Place of Business, 252 Pratt

G A Dohme M. D.
Medical Attendant.

Address, 8 & S. Paytte St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41381

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Charles Miller

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4 *Years,* — *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} No 12 Laurel St

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,) /

Duration of last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 13, 1889

E. J. Williams *M. D.*
Medical Attendant.

Undertaker, Henry Lauder

Place of Business, 242 Lanvale St *Address,* 17 Robinson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Spelman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, In Institution 5 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death { First, (Primary,) Dentition

, { Second, (Immediate,) Congestion of Brain

Duration of last Sickness, Ill when received

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, July 13th 1880

Undertaker, Geo. Lumbach

Place of Business, 389 West Pratt St.

Charles Brown M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41383

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE

Date of Death, July 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Dollard.

Sex, ~~Male~~ Female, {cross out the word not required in this line.} Female.

Age, Two *Years,* Six *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No 11 Clarke Street

Cause of Death { First, (Primary.) Scarlatina

Second, (Immediate.)

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

A. P. Keating M. D.
Medical Attendant.

Address, 137 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...PLANDER & POLLITT, PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 41984

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella I. Johnson

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 4 Reddings St

Cause of Death { First, (Primary,) ... Second, (Immediate,) Cerebral Infantum

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemet

Date of Burial, July 12th 1880

Undertaker, Jacob Davis

Place of Business, 103 Lee St

James A. Stewart M. D.
per D. Shaw Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

41382
41384 * See following certificate

Date of Death July 11. 1880

Name of Deceased Ella J. Johnson

Sex Female

Age 7 months

Color Black

Birth Place Md

Duration of Residence in Balt. Since Birth

Place of death 4 Redmans Ct.

Cause of death - Cholera Infantum

Duration of Last Sickness 5 days

By Landrum Brickhead

Place of Burial Sharps St B. Ground
Loria
To be on 12th July 1880

Jacob Davis
10½ Lee St
Undertaker

246 Hanover St

HEALTH DEPARTMENT
JUL 12
1880
BALTIMORE

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lulu May Morris

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 3 Years *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. = Maternity

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nursery & Child's Hospital

Cause of Death { First, (Primary.) Cerebral Syphilis, Inherited
Second, (Immediate.) Convulsions

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 12

Undertaker, Chas. Blizzard

Place of Business, 207 Lee

Address, ...

C. F. Brun, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

41386

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41386.

The Physician who attended ar[illegible]on in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Fitzgerald

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 53 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, a few hours

Place of Death, {Give street and number} on the Street being convey to St. Vincents' Hospital

Cause of Death First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C

Date of Burial, July 14 1880

Undertaker, Jas P Byrne

Place of Business, 7 Fronl St

James A. Stewart M. D.
Medical Attendant.
per dWham

Address, Comm of Health
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Transit 1838
Exam by Geo E. Taylor

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 12 1889 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 8- 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Bellman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... 2 months, ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Nursery & Child's Hospital

Cause of Death { First, (Primary,) Mal. Nutrition
Second, (Immediate,) Atrah

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Fowden Park

Date of Burial, July 12

C. F. Brown M. D.
Medical Attendant.

Undertaker, W W Blizard

Place of Business, 201 Pac Ave *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

Permit No. 41388

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1889 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William James Martin

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* 6 *Months,* 11 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number } 218 Pine Street

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) ____

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Forest Cemetery

Date of Burial, July 12 1880

Undertaker, William Harvey

Place of Business, No 62 East Pratt St

O. A. Cooke M. D.
Medical Attendant.

Address, 244 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[074...]

No. 4[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41389

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry A. Wolf

Sex, Male or Female, { cross out the word not required in this line. }

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Taylor

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, { Give street and number } 15 Anthony St

Cause of Death, First, (Primary.) ~~Apoplexy~~ Heat

Second, (Immediate.) Apoplexy

Duration of last Sickness, one Hour

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 13 1880

Undertaker, Henry Hoeck

Place of Business, 369 N Central Ave

G. Liebmann M. D.
Medical Attendant.

Address, 219 W Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 4

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Theadore Harlemann

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 44 Years, ... *Months,* ..... *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Cigar-Maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, { Give street and number } Fremont & Orleans Sts.

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Pneumonia. 2 Days.

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, July 14th

Undertaker, Geo Schilling

Place of Business, ...

Edward R. McSherry M. D.
Medical Attendant.

Address, 133 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 11[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41391

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nancy Johnson

Sex, Male or Female, { cross out the word not required in this line. }

Age, 65 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } County Caroll (Island)

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Asylum of the Little Sisters of the Poor Cor John and Valley Sts

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 14th 1880

Undertaker, Henry Shelkreis

Place of Business,

F. H. Brance M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 4

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41394

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th, 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Christian Troeger

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, Thirty seven *Years,* Eleven *Months,* Twenty one *Days.*

Color, White

Married, ~~Single, Widow~~ or Widower, {Cross out the word not required in this line.} Widower

Occupation, Processor

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Bavaria, Germany.

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number} No 384 E. Madison st.

Cause of Death, First, (Primary,) "Heart Disease"

Second, (Immediate,) "Hydrothorax."

Duration of last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 13th, 1880

Undertaker, Henry Sander

Place of Business, 252 Gaston Ave

by Wm H. Clendinin M. D.
Medical Attendant.

Address, No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Herman.

Sex, Male or Female, {Cross out the word not required in this line,} Female

Age, Years, 1 Months, 25 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 mo & 25 da

Place of Death, {Give street and number.} 496 N. Fremont st.

Cause of Death, First (Primary,) ..... Second (Immediate,) Thrush,

Duration of Last Sickness, about 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 13th 1880

Undertaker, Wm J. Ecken

Place of Business, 65 S. Eutaw

H. H. Hebra *M. D.*
Medical Attendant.

Address 298 N. Loudon st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Johnson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 92 *Years,* ..... *Months,* ..... *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None; had been cook.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 38 N. Calvert St.

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,) .....

Duration of last Sickness, 2½ days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral C.

Date of Burial, July 13. 1880

Undertaker, Thos. Jas Gray

Place of Business, 65 Mulberry St. *Address,* 125 N Charles

Eugene F. Cordell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lula E. W. Lunkul

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 26 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bucks City Pa.

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number} # 70 Stricker St

Cause of Death, First, (Primary,) Malonia Fever

Second, (Immediate,)

Duration of last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 13th 1880

Undertaker, C. P. Paulus

Place of Business, #66 Fond'c Ave.

J. J. Smith M. D.
Medical Attendant.

Address, #584 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07 42.]

Board of Health, City of Balti...

Permit No. 41396 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Orlies Lisch

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 125 Central Ave

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemtr.

Date of Burial, July 14th 1880.

Undertaker, H. Hofmann.

Place of Business, 63 N. Eden St *Address,* Cor Eager & Caroline

Dr Selmon M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11/80

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M. Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, House Maid

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Charlottsville Va.

Duration of Residence in the City of Baltimore, about 3 years

Place of Death, {Give street and number.} 35 Oxford St.

Cause of Death, First (Primary,) Pulmonary Tuberculosis

Second (Immediate,)

Duration of Last Sickness, about 3 month

All the above information should be furnished by the Physician.

Place of Burial, Sharpt Cemetery

Date of Burial, July 13 1880

Undertaker, D W Chase

Place of Business, No 198 Harward *Address* 41 Orchard St.

W. H. Thompson, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. ....

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41398

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William H. Sampson

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, — *Years,* 7 *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 7 months

Place of Death, { Give street and number } 73 Druid Hill Ave

Cause of Death { First, (Primary,) — Second, (Immediate,) Convulsions

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Par[illegible] Cemetery

Date of Burial, July 13 1880

Undertaker, D McChase

Place of Business, No 198 Howard St

J. A. Gillies **M. D.**
Medical Attendant.

Address, 152 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE

Date of Death, July 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene Smith

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* Four *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All its life

Place of Death, {Give street and number} 4 Plum Alley

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Spasm

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 13 1880

Undertaker, S W Chase

Place of Business, 198 Howard St

Julius Hall M. D.
Medical Attendant.

Address, Southern Dispensary 77 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...physicians is respectfully invited to the Remarks below, and to List of Diseases on ...

...rd of Health, City of Baltimo...

OFFICE OF REGISTRAR OF VI...

Permit No. 44400

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lankau

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, *Years,* 8 *Months,* 9

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 152 Mulberry st

Cause of Death First, (Primary,) Heat & teething

Second, (Immediate,) Congestion of Brain

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 14th C. Bircher

Undertaker, H. Sieg Meyer

Place of Business, 106 No Howard *Address,* 23 M. Calvert

Extract from Regulations of the Board of Health to secure a full and correct ... Vital Statistics in the City of Baltimore

Section 8. ... be it further enacted and ordained, That whenever any person shall die in the ... who attended during his or her last sickness, or the Coroner, when the case co... ght hours after the death to the Undertaker or other persons superintending th... same can be ascertained, the full name, sex, age and condition (whether marri... cause and date of death, except in cases of births and deaths of illegitimate ch...

...PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT JUL 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Harrison

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 69 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Elliotts Landing, Md

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and number} # 248 N. Caroline St

Cause of Death { First, (Primary,) Cholera Morbus
Second, (Immediate,) Exhaustion

Duration of last Sickness, Had severe attack of Cholera Morbus on July 5th. Last seemed apparently to be about, but began to sink on Sunday morning from effects of heat

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 14, 1880

Undertaker, [illegible]

Place of Business, 234 E. Gay St.

Geo. A. Hartman M. D.
Medical Attendant.

Address, # 345 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary L. McCann

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 2 *Years,* 7 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } No. 296 E. Pratt St

Cause of Death, { First, (Primary,) Spasm

Second, (Immediate,) Dis...

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 13 / 1880

Undertaker, H. A. Dauer

Place of Business, 74 S. Broadway

M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Oliver

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} not Known

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} not Known

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Sunstroke

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Wes Pub Cemetery

Date of Burial, July 12/98

Undertaker, J. F. & H. Kirchner

Place of Business, 20 Hamilton Ave

H W Ellis M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

...d be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ... who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...ght hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...me can be ascertained, the full name, sex, age and condition (whether married or single) of the per... and date of death, except in cases of births and deaths of illegitimate children.

...AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernard Keller

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Forty-eight *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Queenstown, Ireland

Duration of Residence in the City of Baltimore, Forty Eight years

Place of Death, {Give street and number} 66 Durst Alley

Cause of Death {First, (Primary,) Consumption

, {Second, (Immediate,) Colliquative Diarrhea

Duration of last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, July 13th

{*Undertaker,* B. Harle

{*Place of Business,* 411 Light St.

[illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 41405 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin J. B. Colwell,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 1 Lowndes.

Cause of Death, First, (Primary.) Ulcer Cholera Infantum

Second, (Immediate.) Meningitis

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 13th 1880

Undertaker, Fuhrman

Place of Business, 844 W. Broadway

G. L. Cook M.D.,
Medical Attendant.

Address, Balt. & Park. Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. {over}

No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} not Known

Occupation, not Known

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} not ~~Known~~ Known

Duration of Residence in the City of Baltimore, Unknown.

Place of Death, {Give street and number} University Hospital

Cause of Death {First, (Primary,) Exhaustion

Second, (Immediate,) Asthenia

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemetery

Date of Burial, July 12, /80

Undertaker, F F A Kochner

Place of Business, 50 Hamilton Ave

WEST M. D.

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41407

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, as filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Arnold

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 82 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give street and number} # 272 E. John St.

Cause of Death First, (Primary,) Bronchocele (Goitre)

Second, (Immediate,) Apnoea (from pressure upon windpipe)

Duration of last Sickness, Has been growing for some years, but very rapidly during past 2 or 3 months

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore cemetery,

Date of Burial, July 13th 1880

Geo. A. Hartman M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 E. Bay St. *Address,* # 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 1114

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas J Watts

Sex, Male or Female, {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 348 Hanford Ave

Cause of Death, First, (Primary.) Cancer of Bladder

Second, (Immediate,)

Duration of last Sickness, 10 Mos

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Balto Silas N. Hunlin M.D.

Date of Burial, July 14th 1880 Jo. M. B. Billingslea M. D.
Medical Attendant.

Undertaker, Wm. H. Hickmans

Place of Business, 234 N. Gay St *Address,* 36 Ensemont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 11409

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11409

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, unknown

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Fannin

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, about 45 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} unknown

Occupation, unknown

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} "

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number} found in the Harbor of Montgomery St Wharf

Cause of Death First, (Primary,) Verdict Supposed Accidental

Second, (Immediate,) drowning - probably intoxicated

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wes Pub Cemetery

Date of Burial, July 13/80

Undertaker, P. A. Kercher

Place of Business, 5 & Hanover Av *Address,* 161 So Sharp St

S. A. Bell. M. D.

~~Medical Attendant.~~

Coroner - So Dist

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41410

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of [illegible] or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th July 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharine Mackert

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* — *Days.*

Color, white

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Darmstadt Germany, 46 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} S. Washington St. 174.

Cause of Death, First, (Primary.) Ulcera chronica ventriculi et

Second, (Immediate,) Degeneratio omenti viscerosa,

Duration of last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cemty

Date of Burial, July 13th

William Henkel *M. D.*
Medical Attendant.

Undertaker, H. Trechlick

Place of Business, 246 Eastern Av *Address,* S. Wolk St. 117

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12 " 1880 "

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Milton Pettebone

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 13 *Years,* 1 *Months,* 18 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 281 c Mosher St

Cause of Death First, (Primary,) ...

Second, (Immediate,) Inflamation of Brain

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

attended by Dr. Hammett

Place of Burial, A. A. Co. Md

Date of Burial, July 14 '7880

Undertaker, John E. Hough

Place of Business, Penn-ave

James A. Stewart M. D.

~~Medical Attendant.~~

per M Shane

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit - 1849 Exam by Geo E Brown

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4 1 4 1 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrick Wm Schoeffler

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* 5 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} No 177 E. Lombard st

Cause of Death First, (Primary,) Cholera infantum

Second, (Immediate,) ———

Duration of last Sickness, several days

All the above information should be furnished by the Physician.

Place of Burial, Sed Petrus Cemetery

Date of Burial, July 13th 1880

Undertaker, Casper Eckhardt

Place of Business, 264 Canton Ave

L C Rutkerwitz M. D.
Medical Attendant.

Address, 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 4144 13

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4144 13

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Commons

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, One *Years,* — *Months,* Sev *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 13 Mulliken Ln

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) "

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, July 13th 1880

Undertaker, Jno. D. Locks

Place of Business, 73 Jefferson

Whitfield Winsey *M. D.*
Medical Attendant.

Address, 115 Lafayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12 - 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Read.

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ~~~~ *Years,* 7 *Months,* ~~~~ *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~ ~~~~

Occupation, ~~~~ ~~~~ ~~~~ ~~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} " 192. Name of

Cause of Death First, (Primary,) Teething

Second, (Immediate,) Diarrhoea.

Duration of last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 13 - 1880

Undertaker, Sam Chase.

Place of Business, Howard St.

James A. Stuart M. D.
Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Ent by. Jas. E. Lunday

No. 11[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/4/15

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W Sydney Moore

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 35 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Lumberman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and number} 83 Jasper St

Cause of Death, First, (Primary,) [illegible] Insanity (Dementia) Epilepsy

Second, (Immediate,) Coma

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 13th 1880

Undertaker, W W Lee Gray

Place of Business, 65 Mulberry St

J. A. Gillis M. D.
Medical Attendant.

Address, 158 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 41416 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE.

Date of Death, July 13/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lolisa Kimmel

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* 5 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 156 S. Durham St.

Cause of Death, First, (Primary.) Diphtheria (Malignant)

Second, (Immediate.)

Duration of Last Sickness, 48 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Mount Lemon

Date of Burial, July 15 80

Undertaker,

Place of Business, [illegible]

R. W. Mansfield **M.D.,**
Medical Attendant.

Address, 117 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41417

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 13th July 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles L Evans

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 11 *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ____

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 11 days

Place of Death, {Give street and number.} 1302 Pennsylvania Ave

Cause of Death, First (Primary,) Spasm Convulsions

Second (Immediate,) Laryngitis

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 13th 1880

Undertaker, Jos. B Cook,

Place of Business, No 707 N Baltimore Street

Wm T Larkin M. D.
Medical Attendant.

Address 763 W Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 41415

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William B. Shipley.

Sex, Male or Female, {cross out the word not required in this line.} Male.

Age, 45 *Years,* 9 *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married.

Occupation, Machinist.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 231 Hollins St.

Cause of Death, First, (Primary,) Bright's Disease

Second, (Immediate,) Four Months.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 16th 1880

Undertaker, Wm. B. Cook

Place of Business 1707 W. Baltimore & Neo

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER.}

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 11[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret McGinn Coyne

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 87 N. Poppleton St.

Cause of Death, First, (Primary,) Cancer of Stomach

Second, (Immediate,)

Duration of last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, July 13 1880

Undertaker, Wm. H. Cook

Place of Business, No 707 W. Baltimore Street

J. W. C. Cuddy, M. D.
Medical Attendant.

Address, 383 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 11420

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Nolan

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland Cork

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give street and number} U. S. Hospital

Cause of Death, First, (Primary,) Chronic Diarrhea

Second, (Immediate,) Exhaustion

Duration of last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, July 14th 1880

Owen Kinkaid M. D.
Medical Attendant.

Undertaker, Chas T Serivan

Place of Business, 271 N Eutaw St

Address, 184 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 11

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 12 July 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Antonio

Sex, Male or Female, { cross out the word not required in this line. } male

Age, ... *Years,* ..... *Months,* about 4 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Foundling

Duration of Residence in the ~~City of Baltimore~~, Institution 3 days

Place of Death, { Give street and number } St Vincents Infant asylum

Cause of Death { First, (Primary,) from Exposure - / Second, (Immediate,)

Duration of last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 14. 1880

Undertaker, Jno Brannigan

Place of Business, 152 Division St.

Martin Brown *M. D.*
Medical Attendant.

Address, 56 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41422

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 3 & 4 weeks *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Foundling

Duration of Residence in the ~~City of Baltimore~~, In Institution 6 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death { First, (Primary,) Marasmus
Second, (Immediate,)

Duration of last Sickness, When received

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 14 1880

Undertaker, Wm Bramiffan

Place of Business, 156 Division St.

Mahlon Brewer M. D.
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 11114[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41423

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 13 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 11 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Mathews

Sex, Male or Female, { cross out the word not required in this line. }

Age, ____ *Years,* ____ 3 *Months,* 14 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } No 34 Chesnut St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Jewish Cemetery

Date of Burial, July 13 1880

Undertaker, William Nburger

Place of Business, No 62 Chesnut Street

_____ *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

No. 11142

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 13th July 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franz Heitner

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 75. *Years,* 4 *Months,* *Days.*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, labourer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Berg, Bavary, Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and number} Lancaster Street 118

Cause of Death, First, (Primary,) Marasmus senilis

Second, (Immediate,) Cholera morbus

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, July 15th 80

William Henkel M. D.
Medical Attendant.

Undertaker, M. Francis

Place of Business, 980 Canton Ave *Address,* S Wolfe St. 117.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 11. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph E. Miller

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 2 *Years,* ~~4~~ *Months,* ~~4~~ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 16 S. Castleton.

Cause of Death, {First (Primary,) Infantile Remittent Fever

Second (Immediate,) Convulsions

Duration of Last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas

Date of Burial, July 12 1880

Undertaker, W. Evans

Place of Business, 280 Fenton Ave

W. G. Cook M.D.

Medical Attendant.

Address, Balt. & Charles.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on back of

Board of Health, City of Baltimore,

Permit No 4/14/26

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Lawrence

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 12 *Years,* 2 *Months,* — *Days*

Color, M

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} Rolling Mill Wharf

Cause of Death, {First (Primary,) Drowned

Second (Immediate,)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 14th 80

Undertaker, M. Frances

Place of Business, 280 Canton ave

Chas. M. Woods M.D.
Coroner E. D.
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1111

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Guyton Heaps

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 0 *Years,* 11 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number} # 83 Ches St

Cause of Death { First, (Primary,) Teething. my visits
Second, (Immediate,) been teething, but was so much better that I discontinued
Hadn't seen the child for a week or more. had

Duration of last Sickness, 2 or 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 14th

Geo. L. Eastman M. D.
Medical Attendant.

Undertaker, Geo Schilling

Place of Business, 25th and Canal Sts *Address,* # 805 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

HEALTH DEPARTMENT JUL 1888 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 13th 1888.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Adler

Sex, Male or Female, {cross out the word not required in this line.} .....

Age, ... *Years,* ..... *Months,* 2 *Days.* 2

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 6 Wayne Ave

Cause of Death { First, (Primary,) Diarrhea
Second, (Immediate,) Exhaustion

Duration of last Sickness, Sickly from birth.

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, July 13 '88

{ *Undertaker,* F & Kercher
{ *Place of Business,* ..... *Address,* Southern Dispensary

J. M. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 44429

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Dalrymple

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ~~21~~ 88 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Kirkowen, Wigtownshire Scotland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 143 N. Eutaw Street

Cause of Death, First, (Primary.) Gastro-enteritis

Second, (Immediate,) " "

Duration of last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 14th 1880

Undertaker, Wm. Weaver

Place of Business, No 202 N. Eutaw

T. B. D. Browne M. D.
Medical Attendant.

Address, 307 Madison Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...LANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 7 'm 12" 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabett Cullison

Sex, Male or Female, { cross out the word not required in this line. } female

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, None

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 70 years

Place of Death, { Give street and number } 84 Pennsylvania Avenue

Cause of Death { First, (Primary,) Congestion Brain
Second, (Immediate,) Valvd. Insufficiency disease Mitral Valve

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 14th 1880

W Riley M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address,* 306 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 4[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13 - 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Barnard Preston

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 5 *Years,* *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 46 Clement St.

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate.)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 14/80

Undertaker, M A Daiger

Place of Business, 24 Broadway

E. W. Janney M. D.
Medical Attendant.

Address, Boston & Patterson Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Gunn

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 80 *Years,* —— *Months,* —— *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number} 205 Columbia ave

Cause of Death { First, (Primary.) old Age
Second, (Immediate,) Debility

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, St peters Cemetary

Date of Burial, July 14th 1880

Undertaker, D. Wiegand

Place of Business, 166 Druid Hill Ave

J H Emmy *M. D.*
Medical Attendant.

Address, 26 Place St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 41433 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Maggie Shelby

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, Two (2) *Years,* Six (6) *Months,* Six (6) *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Old Point

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 435 N. Jay St.

Cause of Death, First, (Primary.) Pneumonia (Lung)

Second, (Immediate.) Pyrexia Asphyxia

Duration of Last Sickness, Six (6) Days

All the above information should be furnished by the Physician.

Place of Burial, Bleat St. Cemetery

Date of Burial, July 14th 1880

Undertaker, Adam Fink

Place of Business, 461 N. Jay St.

[signature] **M.D.,**
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 414434

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41434

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Hallett

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Her entire life

Place of Death, {Give street and number} 107 N Charles St

Cause of Death {First, (Primary,) Eastr Enteritis
Second, (Immediate,) do Exhaustion

Duration of last Sickness, 2d one week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 14th 1880

W H Hammond M. D.
Medical Attendant.

Undertaker, John N. Weaver & Co

Place of Business, # 22 N. Fayette St *Address,* 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41435

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41435

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Zachariah Thomas

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 47 Lucerne St.

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, July 14th 1880

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

E. Fox Adams M. D.
Medical Attendant.

Address, 17 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 11436

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 13th July 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Fox

Sex, Male or Female, {cross out the word not required in this line.} female

Age, ____ *Years,* 5 *Months,* 13 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} N. Howard Street 315

Cause of Death, First, (Primary,) Diarrhoea

Second, (Immediate,) Weakness

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, 14 July

Undertaker, Thos. Bisbee

Place of Business, [illegible]

L. L. Blanchard M. D.
Medical Attendant.

Address, 224 West Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 21110

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 12 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno H. Hanson

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} No. 530 S Eden St.

Cause of Death, First, (Primary,) Cystitis,

Second, (Immediate,) Pyelitis,

Duration of last Sickness, Three wks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 14 1880

Undertaker, Thos H Hughes

Place of Business 6 E Fayette St

J Mchamberson M. D.
Medical Attendant.

Address, 222 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41438

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41438

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank J. Harris

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, about 40 *Years,* *Months,* *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Berry Pickers

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} County Wharf

Cause of Death, First, (Primary.) 3 Drowned, Knocked overboard by

Second, (Immediate,) 3 the boom of vessel

Duration of last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, July 13

Undertaker, Patrick J. Mullin

Place of Business,

Chas. A. Moffat M. D.
Coroner E. D.
~~Medical Attendant.~~

Address, 62 W Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 11439

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 11439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Burke

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, old 48 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} St Anns near Alice Anna St

Cause of Death, First, (Primary) Overcome by heat, superinduced by Intemperance

Second, (Immediate,) .....

Duration of last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, July 13

Undertaker, Patrick Mullin

Place of Business, ...

Chas. M. Moffit M. D.

Corner E. C.

~~Medical Attendant.~~

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 11140

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 12th. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Nolan

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 30 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Twelve Years

Place of Death, {Give street and number} 26 Stockton St.

Cause of Death { First, (Primary,) Puerperal Peritonitis
, Second, (Immediate,) " "

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, July 14 1880

Undertaker, Jos H Cook

Place of Business, No 707 N Baltimore street

D. D. Christian M. D.
Medical Attendant.

Address, 431 Penna. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41441

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Frank

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give street and number.} 34 N Covington

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Convulsions

Duration of Last Sickness; 8 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem'y

Date of Burial, July 15th 1880

Undertaker, Smith & Dunn

Place of Business, 263 Light st

Chas. P. Eder's M.D.,

Medical Attendant.

Address, 315 Light st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/4442

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanch B Heath

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, —— *Years,* —— *Months,* 2 1 *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 100 Caswell St

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number} 100 Caswell St

Cause of Death, First, (Primary,) ——

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Shyfi St. Cemetery

Date of Burial, July 14

Undertaker, Hercules Ross

Place of Business, 25 Cornwall St

Reed [illegible] M. D.
Medical Attendant,

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 4/4443

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A Mantz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 83 *Years,* ——— *Months,* ——— *Days.*

Color, Color

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married (Husband living)

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years.

Place of Death, {Give street and number.} Corner Lanvale & Smith Sts

Cause of Death, First, (Primary.) Senility

Second, (Immediate.) ———

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cemetery

Date of Burial, July 15, 1880

Undertaker, Henry Hook

Place of Business, 309 Central ave

Wesson M.D.,
Medical Attendant.

Address, Corner Lanvale & Smith Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1111444

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 111444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J J Lehmann

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Oyster Dealer

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Passenger to Norfolk from Louisville Ky

Duration of Residence in the City of Baltimore, None

Place of Death, {Give street and number} Maltby House

Cause of Death, First, (Primary.) Insolation

Second, (Immediate.)

Duration of last Sickness, 90 minutes

All the above information should be furnished by the Physician.

Place of Burial, Louisville Ky.

Date of Burial, July 17th 1880

Edmund Brooks M. D.

~~Medical Attendant.~~

Undertaker, H W Jenkins Son

Place of Business, 16 Light St *Address,* Corner Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Trans 1841

[OVER]

No. 41445

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41445.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Berkemeir

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* 8 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} XXX

Occupation, XXX

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} Confederate Scarlet Fever 280 Ann St.

Cause of Death First, (Primary,) ...

Second, (Immediate,) ...

Duration of last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetary

Date of Burial, July 15th 1880.

Undertaker, Leonhard Peter

Place of Business, S. Bond St. No 277

Address, 911 Baltimore Street

Chas E Donnelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41446

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Kuhn

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, (and how long in the United States if of foreign birth.} East Berlin Penn

Duration of Residence in the City of Baltimore, not at all (Hanover Penn) ★ removed from

Place of Death, {Give street and number} Western Maryland R R Depot

Cause of Death, First, (Primary.) Body accidentally crushed by

Second, (Immediate,) Car against Stop block

Duration of last Sickness, Sudden death 3 minutes

All the above information should be furnished by the Physician.

Place of Burial, Hanover Penn

Date of Burial, July 14th 1880

Undertaker, Thos J Hughes

Place of Business, 60 Baltimore *Address,* Corner

Edmund Rhabb *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

No. 41447

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate ~~correctly filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} June Johnson

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} not Known

Occupation, Servant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, always

Place of Death, {Give street and number} University Hospital

Cause of Death { First, (Primary,) Phthisis, Second, (Immediate,) Asthenia

Duration of last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Wes Pub Cemetery

Date of Burial, July 14/80

Undertaker, Fredk Kirchner

Place of Business, 50 Hamilton Ave

WEST M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 11448

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11448

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Link E. Young,

Sex, Male or Female, {cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color, Colored.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, " Money Gill "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} " Balto City "

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} N 55 China St.

Cause of Death First, (Primary,) " Typhoid Fever "

Second, (Immediate,) Exhaustion,

Duration of last Sickness, 21 Days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, July 15 1880

Undertaker, W. H. Duggan

Place of Business, 62 East St

J. H. Chamberlain M. D.
Medical Attendant.

Address, 222 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41449

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41449

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Anna Graves Beall

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 41 *Years,* 11 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 245 E. Baltimore Street

Cause of Death, First, (Primary.)

Second, (Immediate,) Congestion of Brain

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery Pikesville

Date of Burial, July 15th 3 P.M.

James D. H. Shaw M. D.
Medical Attendant.

Undertaker, Elisha Cox

Place of Business, 84 & 86 Bank St *Address,* 68 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 11450

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11450

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Thomas

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, House Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} State St

Cause of Death First, (Primary,) Pulmonary Consumption

Second, (Immediate,) Exhaustion

Duration of last Sickness, About One year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 15th 1880

Undertaker, J E Jordan

Place of Business, 63 Park Ave *Address,*

Charles A Donovan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 11143

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hardy Grass

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 21 *Days.*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U. S. A.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} No 284 Alice Anna st

Cause of Death { First, (Primary,) Marasmus
, Second, (Immediate,) 6 weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 15th 1880

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

J. Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41452

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Wallace

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 0 *Years,* 1 *Months,* 0 *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 9 Foster alley

Cause of Death { First, (Primary,) cholera infantum
, { Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial New Cathedral

Date of Burial, July 14th 1880

G Jane Dunphin *M. D.*
Medical Attendant.

Undertaker, Chas. T. Sennier

Place of Business, 271 N Eutaw St *Address,* 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 11153

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11153

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Scarborough

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 34 *Years,* 7 *Months,* 8 *Days.*

Color, white

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 62 Preston St

Cause of Death { First, (Primary,) / Second, (Immediate,) } Phthisis Pulmonalis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 15th 1880

Undertaker, C. H. Scrivener

Place of Business, 271 N. Eutaw (St)

James A. Steuart M. D.
Medical Attendant.
per d. Shane

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by. B. Diggs

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/14/54

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schelling

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 8 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} Back Basin

Cause of Death, {First (Primary,) Drowned.

Second (Immediate,)

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelic Cem.

Date of Burial, July 14th 1880

{*Undertaker,* Henry Saunder

Place of Business, 252 Linton Ave.

Chas. M. Wirt M.D.
Coroner E.D.
Medical Attendant.

Address, 67 Ellin St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 411455

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 411455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Aug 12th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Grill

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 11 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 193 N. Washington St

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Convulsions

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Aug 16.

J J Gill M. D.
Medical Attendant.

Undertaker, John Henry.

Place of Business, 382 Orleans St *Address,* 137 Orleans St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 11456

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 3 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maternité. Balt. City

Duration of Residence in the ~~City of Baltimore~~, Institution 6 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death { First, (Primary,) Spasm
Second, (Immediate,)

Duration of last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial,

Undertaker, Joseph Branigan

Place of Business,

Martin Brawner *M. D.*
Medical Attendant.

Address, 6 E Mc Culloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41457

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frederick Koop

~~*Sex,*~~ *Male* ~~*or Female,*~~ { cross out the word not required in this line. }

Age, ____ *Years,* 6 *Months,* 23 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 114 Gough

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Collapse

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 15/80

Undertaker, J. D. Rosing

Place of Business, 97 O'Donnell St

J. Taylor M. D.
Medical Attendant.

Address, 245 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 111458

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 111458

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUL 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 13th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Dixon.

Sex, Male or Female, {cross out the word not required in this line.}

Age, About 65 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer.

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, About 30 Years.

Place of Death, {Give street and number} # 344 So. Charles.

Cause of Death, First, (Primary,) Apoplexy.

Second, (Immediate,) "

Duration of last Sickness, about ½ hour.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, July 15th 1880

Undertaker, Philip Kaefer

Place of Business, Sharp & Cross St.

Ent. Bell M. D.
Medical Attendant.

Coroner - Inq. Sat.

Address, 161 So. Eu...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 41459

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1880.

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Timothy Cronan

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 21 days

Place of Death, {Give street and number} 152 Johnson St

Cause of Death { First, (Primary,) Tuberculosis
Second, (Immediate,)

Duration of last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Sankt Peters Cemetery

Date of Burial, July 14th

Undertaker, B. Flurle

Place of Business, 411 Light St.

J. B. Thiele M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 11460

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Conway

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Md.

Duration of Residence in the City of Baltimore, 2 Yr. 6 Mo.

Place of Death, {Give street and number} 131 Battery Ave.

Cause of Death First, (Primary.)

Second, (Immediate,) Tubercular Meningitis

Duration of last Sickness, 12 days

All the above Information should be furnished by the Physician.

Place of Burial, ~~Mount Olivet Cemetery~~

Date of Burial, July 15th

Undertaker, B. Hurle

Place of Business, 411 Light Street

R. J. H. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4 1461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 14th July 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lafferty

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Three~~ *Years,* ~~*Months,*~~ 21 *Days.*

Color, White *Sex,* Male

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 114 High Street

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 114 High St.

Cause of Death, First (Primary,) Diarrhoea

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery Geo. J. Collins, M. D.

Date of Burial, July 15th 1880 Medical Attendant.

Undertaker, Jas P Byrne,

Place of Business, 63 Front Address Richmond St & Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 41462

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47462

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Bramfield Scott.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* Four (4) *Months,* Three *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} #73 Perkins St- Balto City Md all his life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} #73 Perkins St-

Cause of Death, First, (Primary.) Non-closure of foramen ovale

Second, (Immediate.) Convulsions & Dyspnoea.

Duration of last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 15th 80

Undertaker, Jno Leonard

Place of Business, W Balto St

A. S. Watts. M. D.
Medical Attendant.

Address, 106 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 411463

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 411463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm W De Groy

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 36 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Entire lifetime

Place of Death, {Give street and number} 13 E Lexington St

Cause of Death, First, (Primary,) Malarial Cachexy &c.

Second, (Immediate,) ____

Duration of last Sickness, Abt 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, July 16 1880

D W Cathell M. D.
Medical Attendant.

Undertaker, Deacon & Mitchell

Place of Business, 550 W Fayette Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/14/64

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. F. Rover

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 & 0 *Years,* 5 *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and number.} 85 Hanover st

Cause of Death, {First (Primary,) Delirium Tremens

Second (Immediate,) Asthenia

Duration of Last Sickness, 5 da

All the above information should be furnished by the Physician.

Place of Burial, Laudon Cemtry

Date of Burial, 16 July 1880

Undertaker, John C. Schuh.

Place of Business, 265 Lieamm ste.

H. F. Hengst M. D.
Medical Attendant.

Address Fell & Lee sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41465

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT JUL BALTIMORE

Date of Death, July 14th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina [illegible] (Bety)

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 20 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 261 S. Ann St.

Cause of Death, First, (Primary.) Measles accompanied by

Second, (Immediate.) Bronchitis and Diarrhoea

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Second Reform Cemetry

Date of Burial, July 16th 1880

Undertaker, John C. Schenk

Place of Business, 265 Alice ann st.

John H. Rehkopf M.D.,

Medical Attendant.

Address, # 243 Alice Ann St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 11466

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11466

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leo N Steen

Sex, Male or Female, {cross out the word not required in this line.}

Age, 45 *Years,* ..... *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Salesman

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all my life

Place of Death, {Give street and number} 1 Mount St

Cause of Death, First, (Primary,) Intemperance Mania a potu

Second, (Immediate,) Heart Exhaustion

Duration of last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Lauden Park

Date of Burial, July 15th 1880

Undertaker, Thos S Hughes

Place of Business, 61 E Baltimore

Edwin F Rivalter M. D.
Medical Attendant.

Address, 183 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[OVER]

No. 11467

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 11467

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosie Leyh

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, ~~1~~ *Years,* 7 *Months,* ~~7~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 25 E. Fayette St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balt County

Date of Burial, July 15th 1880

Undertaker, Ran'd Bartell

Place of Business, 624 W. Balt St

G. Liebmann M. D.
Medical Attendant.

Address, 229 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. [0743]

No. 41468

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 14th July 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johny Wiesenewsky

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give street and number} Lancaster Street Nro 89.

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.)

Duration of last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, I. Aliens Cemetery

Date of Burial, July 15

Undertaker, Hamilton Dryer

Place of Business, E. Bond 157

William Kerkel M. D.
Medical Attendant.

Address, S. Wolf Street 112

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41469

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE.

Permit No. 41469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Lohn

~~Sex,~~ *Male* ~~*or Female,*~~ {cross out the word not required in this line.}

Age, 50 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Grocer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number} 149 E. Fremont

Cause of Death, First, (Primary,) Cholera nostras

Second, (Immediate,) Paralysis cardiac

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery.

Date of Burial, 17th of July

Undertaker, Fred Goode

Place of Business, 29 d Lombard st *Address,* 145 E. Baltimore

I Stubbs M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 11470

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT JUL 15 1880 BALTIMORE.

Date of Death, July 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella (none) Frances

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 9 m *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 1696 W. Pratt

Cause of Death First, (Primary,) Scarlatina

Second, (Immediate,) Diphtheria

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, July 15

Undertaker, Wm. Hagen Jacobs

Place of Business, 127 Hanover St

_____ M. D.
Medical Attendant.

Address, 168 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 11471

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11471

The Physician who attended any person in a last illness is responsible for the presentation of a Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Maloney

Sex, Male or Female, {cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Ireland — 1 week in US

Duration of Residence in the City of Baltimore, 1 week

Place of Death, {Give street and number} 276 N Calhoun St

Cause of Death, First, (Primary,) Heat

Second, (Immediate,) Exhaustion probably

Duration of last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, July 15th 1880

Edwin F Walker M. D.
Medical Attendant.

Undertaker, P. Hummel

Place of Business,

Address, Carey nr W

Extract from Regulations of the Board of Health to secure a Full and Correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1859 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Attz

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ... *Days.*

Color, White *Sex,* ...

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} Dallas St. 112.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Spasm

Duration of Last Sickness, Four Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Thomas's Cemetery, John A Schultz M. D.

Date of Burial, July 15 Medical Attendant.

Undertaker, Hamilton Lloyd *Address* R E Dar Gough & Eden Sts

Place of Business, Baltimore 157 Fo Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11473

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11473

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie McKytie

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, _____ *Years,* _____ *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, _____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 182 Ramsay St

Duration of Residence in the City of Baltimore, _____

Place of Death, {Give street and number} 182 Ramsay St

Cause of Death, First, (Primary,) Cyanosis

Second, (Immediate,) _____

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery

Date of Burial, July 7th 1880

John K[illegible] M. D.
Medical Attendant.

Undertaker, Jos H Cook

Place of Business, No 207 Hanover Street *Address,* 207 S Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 11474

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1889 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 14th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Jones

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 1152 Stricker st

Cause of Death First, (Primary,) Paralysis of brain

Second, (Immediate,)

Duration of last Sickness, about two days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 15

Undertaker, J. H. Cook

Place of Business, 707 West Baltimore

F. R. McKenzie *M. D.*

Medical Attendant.

Address, 582 N. Payne st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 4114 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41475

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL [illegible] 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Kroman

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* [illegible] *Months,* 7 [illegible] *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation, [illegible]

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Life

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} Nursery & Child's Hospital

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) [illegible]

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 14

Undertaker, R. H. Blizzard

Place of Business, 221 Pearl *Address,* [illegible]

C. F. Brun *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 4114 76

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4147 6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Roach

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* ——— *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} W

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 17 Bank St

Cause of Death {First, (Primary,) Second, (Immediate,)} Cholera Infantum 3 days

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cem

Date of Burial, July 18th 1880

Undertaker, Jas P. Bayne

Place of Business, Front St

James A. Steuart M. D.
~~Attending Physician~~ per d Yeame

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examd - B. 7/18/80

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41477

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1890 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14. 1890. (11-30 am.)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Cornelius Kemp.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* Seventeen *Months,* five *Days.*

Color, Colored *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bel Air City -

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 79 South Amity st

Cause of Death, First (Primary,) Chronic Hydrocephalus -

Second (Immediate,) (Diarrhoea) Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, July 14

Undertaker, Chas H. Birkhead

Place of Business, 972 Druid Hill Ave

Alfred Hanstale M. D.
Medical Attendant.

Address 92 N. Eutaw st.
Asst. Hom. Free Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 11478

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1889 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 3 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Weeks

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 5 *Years,* *Months,* 1 Day *Days.*

Color, V

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Highland town Balt Co. Md.

Duration of Residence in the City of Baltimore, 2 Last.

Place of Death, {Give street and number} No 6. Smith -

Cause of Death, First, (Primary,) Marasmus.

Second, (Immediate,) Asthenia (Death

Hastened by Not -

Duration of last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Upton's Cem. Chas. H. Richter *M. D.*

Date of Burial, July 16 Medical Attendant.

Undertaker, Walter Purnell

Place of Business, 252 W. Biddle *Address,* 520 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 4479

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4.1479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, Wednesday 3= P.M. July 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ambrose Shaner

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* 2 *Months,* ——— *Days.*

Color, White

Married, Single, Widowed or Widower, {Cross out the word not required in this line.} Single

Occupation, Non

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 432 Allisann St

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 432 Allisann St

Cause of Death First, (Primary,) Marasmus

Second, (Immediate,) Marasmus.

Duration of last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, 1st St Paul Cem'y

Date of Burial, July 15th.

Undertaker, H. Froehlich

Place of Business, 246 Eastern Av.

J. E. Richard M. D.
Medical Attendant.

Address, 280 Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and [redacted] (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and [redacted] children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41480

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 1880 BALTIMORE

Date of Death, July 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Miller

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 1 *Years,* 6 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 2d & Carlton st.

Cause of Death { First, (Primary,) Inanition

, { Second, (Immediate,)

Duration of last Sickness, since birth

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, July 16th 1880 Geo Dawson M. D.

Medical Attendant.

Undertaker, H Kohler

Place of Business, 244 E Lombard *Address,* 27 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below. and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/14781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Augusta F. Gill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 5 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Nevada

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 12 Potosi St

Cause of Death, First (Primary,) Scarlet Fever

Second (Immediate,) Fd

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel cemetery L. H. Martin M. D.

Date of Burial, July 16th 1880 Medical Attendant.

Undertaker, Denny & Mitchell *Address*

Place of Business, 65 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4482

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/4482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Reid Justice

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 7 months *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Boston

Duration of Residence in the City of Baltimore, One day

Place of Death, {Give street and number} No 111 Mulberry st

Cause of Death First, (Primary,) Phthisis pulmonalis

Second, (Immediate,) Capilary Bronchitis

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 15th 1880

Undertaker, Thos. L. Locke

Place of Business, —

Thomas J Simmons M. D.
Medical Attendant.

Address, No 50 Jefferson st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41483

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie J. Mathewes

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 23 *Years,* 4 *Months,* 6 *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 188 Argyle Ave

Cause of Death, First (Primary,) Fatty degeneration of Heart

Second (Immediate,) Erysipelas Poison's

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery J. Gilman M. D.

Date of Burial, July 16th 1880 Medical Attendant.

Undertaker, Wm Hearn

Place of Business, No 202 N. Eutaw St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below; and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 41484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 15 1939 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt H Duffins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 30 Forrest St

Duration of Residence in the City of Baltimore, 30 Forrest St

Place of Death, {Give street and number.} Diarrhoea

Cause of Death, First, (Primary.) Asthenia

Second, (Immediate)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Albany City Cemetery

Date of Burial, July 15 1880

Undertaker, William Mongue

Place of Business, 642 East St

Samuel Powell *M.D.,*

Medical Attendant.

Address, 29 Aisquith St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 111485

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 111485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1937 1939 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1939.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Hailey

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 64 *Years,* 2 *Months,* *Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give street and number} 76 N. Wolfe St

Cause of Death, First, (Primary,) Arteriosclerosis

Second, (Immediate,)

Duration of last Sickness, Five Days

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens

Date of Burial, July 16 1939

Undertaker, H. Thomas

Place of Business, 2126 Eastern Ave

J. B. Patel M. D.
Medical Attendant.

Address, 2111 Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41486 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Coates

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 6 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt city.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 17 Biddle Alley.

Cause of Death, First (Primary,)

Second (Immediate,) Thrush

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery J. H. Germon M. D.

Date of Burial, July 15 1889 Medical Attendant.

Undertaker, D. Howard *Address* 187 Saratoga st

Place of Business, No 193 Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 41187

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 15 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1880

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Becker

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About 12 Years

Place of Death, {Give street and number} # 306 Cross St.

Cause of Death, First, (Primary,) Verdict of Jury - Caused by Internal

Second, (Immediate,) Injuries received by a fall from a Scaffold

Duration of last Sickness, 25 hours.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, July 16th 1880

L. A. Bell M. D.

Medical Attendant.

Undertaker Philip Koehler

Place of Business, Sharp & Cross

Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...BOLLMAN & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully ... Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41488

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 14, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Green

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 5 Raiz Court

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 16th 1880

Undertaker, [illegible]

Place of Business, [illegible]

[illegible] M.D.,

Medical Attendant.

Address, 146 [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

4 1 4 8 9

The Special Attention of Physicians is Respectfully Invited to ... Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4 1 4 8 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 16 1889 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th A. D. 1889.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Stark

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* 3 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, XXX

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 6 Lexington Court

Cause of Death First, (Primary,) Bronchitis

Second, (Immediate,) Kidney disease

Duration of last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, July 17

Undertaker, Schilling

Place of Business, 1 East Lexington

Samuel C. Donnelly M. D.
Medical Attendant.

Address, 299 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ... th within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set... both as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per... deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

... & CO. CITY PRINTERS AND STATIONERS.

...ck of this Certificate.

Board of Health, ...Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41490

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15 th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A. Redgrave

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 6 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 98 Hillen Street

Cause of Death, {First (Primary,) / Secend (Immediate,)} Marasmus

Duration of Last Sickness, About 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemetery

Date of Burial, July 18. 1880

Undertaker, Geo. S Hughes

Place of Business, 60 E Fayette St

J. E. Whiteford M. D.
Medical Attendant.

Address 195 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Atten... ...K of this Certificate.

Board of H... ...more,

REGISTRAR OF VITAL STATISTICS.

Permit No. 41491

The Physician who attended any person in... ...is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superi... ...e burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty ...

NO PERMIT FOR BURI... ...BE OBTAINED WITHO... A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 14 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella. B. Waters

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, One *Years,* Two *Months,* Ten *Days.*

Color, Colored *Sex,* Female

~~Married.~~ *Single,* ~~Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 45 Bruce st

Cause of Death, First (Primary,) Dentition

Second (Immediate,) Convulsions

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Laurel county

Date of Burial, July 16

Undertaker, P. Flanagan *Address* 632 Lexington

Place of Business, 341 Penna ave

Bros. Jordan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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41492

The Special Attention of Physicians is Respectfully Invited to back of this Certificate.

Board of Health, Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Elizabeth Warner

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. }

Age, 38 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 337 Madison Ave.

Cause of Death { First, (Primary,) Malarial.

Second, (Immediate

Duration of last

No. 41492

SEE BACK OF THIS PERMIT.

HEALTH DEPARTMENT BALTIMORE JUL 17 1880

HEALTH DEPARTMENT,

BUREAU OF RECORDS.

Baltimore, July 16th 1880

Permission is Hereby Given to Thomas Gorsuch & Son

Undertaker, to remove the Remains of Mary E. Warner W.C.

Age 38 Years — Months — Days; Date of Death July 15th 1880,

Cause of Death Malarial Hemorrhage

Place of Birth Md.; Place of Death 337 Madison Ave

To Loudon Park Cemetery for Interment.

James C. Steuart M. D.

Commissioner of Health and Registrar.

15

No. 11493

The Special Attention of Physicians is Respectfully Invited to the ... of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 1881 BALTIMORE

Permit No. 11493

The Physician who attended any person in a last illness is responsible for presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *two* days after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmer Daniels

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 4 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Light St

Infantum

Cause of Death. {First, (Pr...

The Special Attention of Physicians is Respectfully Invite... ...ack of this Certificate.

Board of Health, ...altimore,

...EGISTRAR OF VITAL STATISTICS.

Permit No. 41194

The Physician who attended any person in a last ill... ...ut, to the Undertaker or other person superintending the ... ...ooner, if requested so to do, under penalty of ...

No Permit for Burial ...

...e presentation of this Certificate, *accurately filled* ...*our hours* after the death of said deceased, or

Proper Certificate ...

HEALTH DEPARTMENT JUL 15 1880 BALTIMORE.

CERTIFIC... OF DEATH.

Date of Death, July 15 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet E Johnson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 33 *Years,* ... *Months,* ... *Days.*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} W... Carolina

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} ...

Death {First, (Pr...

No. 41194

HEALTH DEPARTMENT JUL 15 1880 BALTIMORE.

HEALTH

...EE BACK OF ...IS PERMIT.

Permission is Hereby Given to ...

Undertaker, to remove the Remains of Harriet

Age 33 *Years* — *Months* — *Days; Dat...*

Cause of Death Typhoid Fev...

Place of Birth ...; *Place of*

To Green Hill C... James

This Permit Mus... the body to ...

missing

41495 -

41498

COPY. Original certificate of death in document file

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9 Allens Alley
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Dorchester
(c) City or town Cambridge
(If outside city or town limits, write RURAL and
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes
If yes, name country

3 (a) FULL NAME Margaretta Deen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	colored	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
19			hr. min.

9. Birthplace Cambridge, Maryland
(Town, county, and state)
10. Usual Occupation servant
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (b) Date thereof July 15, 1880
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Laurel Cemetery
Location

18 (a) Funeral director Charles A. White
(b) Address 35 Gramby Street

19 (a) July 16, 1880 (b) James A. Stewart, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15, 1880 (Yr), at

21. I certify that death occurred on the date above stated; that I
ed deceased from 19 to
and that I last saw her alive on July 13, (Yr) 1880

Immediate cause of death
Typhoid Fever

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 11 d

Autopsy: Undetermined whether cause to death charged critically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur?
(City or town) (County)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. Gregor Shertzer

Address 11 S. High St. Date signed 7/

missing

#41500

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16 July 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene King

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 3 weeks ~~Days.~~

Color, wht

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 267 Paca ave

Cause of Death {First, (Primary,) marasmus, (7 mo child)
Second, (Immediate,)

Duration of last Sickness, all its life

All the above information should be furnished by the Physician.

Place of Burial, [redacted] St Lane Tawney

Date of Burial, [redacted] 1880 M. D.

Medical Attendant.

Undertaker, [redacted] Scriven

Place of Business, 271 N Eutaw St *Address,* 129 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41502 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 14 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Infant~~ Mrs N. Stewart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* 15 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} W

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 57 E Pratt

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 7 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 16th 1880

Undertaker, J E Gorsuch

Place of Business, 62 Market

M. Theodora Cook **M.D.,**
Medical Attendant.

Address, 246 Aisquith

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

No. 46.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41503

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 16th July 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Elizabeth Minnick

Sex, ~~Male~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* 15 *Days.*

Color, white

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth.

Place of Death, {Give street and number} 331 Druid St.

Cause of Death { First, (Primary.) Dentitio difficilis.
Second, (Immediate.) Spasmi.

Duration of last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July the 17. 1880

Robert Smithar M. D.
Medical Attendant

Undertaker, Geo. Shilling

Place of Business, Irish Monument *Address,* 81 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. SHLANY & CO., CITY PRINTERS AND STATIONERS.

[over]

No. 41504

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41504

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Meyers

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 2 *Years,* 2 *Months,* 27 *Days.*

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 12 Myrtle av.

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Gangrene of Larynx

Duration of last Sickness, 26 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 18 1880

Louis L. Horn *M. D.*
Medical Attendant.

Undertaker, P. Kinnick

Place of Business,

Address, Mulberry & Myrtle avs

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 41505

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, the Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15—80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Edward Reddick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 11 *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 11 days

Place of Death, {Give street and number.} 39 & Shaft st

Cause of Death, First, (Primary.) Abscess of Cervical Glands

Second, (Immediate.)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 16th

Undertaker, C F Krause

Place of Business, ...

R H Ellis **M.D.,**
Medical Attendant.

Address, 315 Light st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 41506 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 16 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 15. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bedlingmeyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 17 N. Chapple

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Following this

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, July 16

Undertaker, John Henning

Place of Business, 382 Orleans St.

H. A. Lurk *M.D.,*

Medical Attendant.

Address, Balt. Md. 16

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 410

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Lipsa

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 1 *Years,* 10 *Months,* ~~ *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 41 Abbott St

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) Spasms

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 16 1880

Undertaker, H. Hooeck

Place of Business,

James A. Stuart M. D.

per [redacted]

Address, Comm'r of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Jos P. Smith

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41500

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No: 41508

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 16 1880 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. W. Scarf

Sex, Male or Female, {cross out the word not required in this line.}

Age, 59 *Years,* 9 *Months,* *Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Plasterer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 319 N. Gay St

Cause of Death, First, (Primary,) Cancer of Face

Second, (Immediate,)

Duration of last Sickness, 4 yrs. 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, July 17th 1880

Undertaker, Wm. H. Fickman

Place of Business, 237 N. Gay St.

Edwin B. Fenby M. D.
Medical Attendant.

Address, 319 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

GUGANT & CO., CITY PRINTERS AND STATIONERS.

(OVER.)

No. 41 0[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Jamesh

Sex, Male or Female, { cross out the word not required in this line. }

Age, 58 *Years,* —— *Months,* —— *Days.*

Color, White

Married, { Cross out the word not required in this line. }

Occupation, Dentist

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Matanzas 55 yrs in U.S. 55 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 92 N. Charles St.

Cause of Death, { First, (Primary,) Death sudden - Unknown - Second, (Immediate,) Supposed sudden (rapid) Effusion into Brain. No post mortem held -

Duration of last Sickness, Half an hour

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 17th July 1880

Claud Van Bibber M. D.
Medical Attendant.

Undertaker, [illegible] Watkins Son

Place of Business, 26 Light St *Address,* 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41510

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41510

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 16 1880 BALTIMORE

Date of Death, 16th July 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Place

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, 46 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give street and number} Corner of West & Light - S. W.

Cause of Death, First, (Primary.) Uterine Haemorrhage & Diarrhoea

Second, (Immediate,) Collapse

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 18th July 1880

Undertaker, B. Hart

Place of Business, 411 Light Street

Augustus N. Dodge M. D.
Medical Attendant.

Address, 207 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 41511

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Harvey.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Thirty six *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Female

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give street and number.} 100 Chestnut Al.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, Unknown only visited the case once.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 16

Undertaker, Wm H. Bishop

Place of Business, 47 Daniel Ally

E. B. Billow M. D.
Medical Attendant.

Address Howard Free Dispensary 5-7 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 4153

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1889 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Frederick

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 7 *Years,* *Months,* 26 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 241 S. Sharp St.

Cause of Death, First, (Primary,) Diphtheritis

Second, (Immediate,) Anaemia

Duration of last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Christ Lutheran Cemetery

Date of Burial, July 17th

Undertaker, [illegible]

Place of Business, [illegible]

H. Smith M. D.
Medical Attendant.

Address, 108 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

No. [illegible]

Board of Health, City of Baltimore,

Permit No. 41513

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 16 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 15th July 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Berry

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, W

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 60 yard 21

Cause of Death {First, (Primary,) Dipentery

{Second, (Immediate,)

Duration of last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters cem

Date of Burial, July 17th 1880

Undertaker, Armstrong & Deny

Place of Business, 263 light *Address,* 57 Bunker

I & W McClelland M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 4[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41514

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosetta Dorsey

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, 51 *Years,* ——— *Months,* ——— *Days.*

Color, colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give street and number} 137 N. Caroline St

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Paralysis

Duration of last Sickness, 4 years complaining

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 16th 1880

Undertaker, The D. Locke

Place of Business, 73 Jefferson

James A. Stewart M. D.

per [illegible]

Address, Comm of Health

Ft Wayne Ind

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41515

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th, 7:15 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Neumann

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 29 *Years,* ——— *Months,* ——— *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Lady

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 19 years.

Place of Death, {Give street and number} No. 188 Hollins Street

Cause of Death { First, (Primary,) Typhoid Fever
Second, (Immediate,)

Duration of last Sickness, 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 17th 1880

Undertaker, Jos. L. Cook

Place of Business No. 707 W. Baltimore

Wm. H. Alderice M. D.
Medical Attendant.

Address, 1 E. Co. Columbia Ave. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to return within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 41516

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Recklender

Sex, Male ~~or Female~~, { Cross out the words not required in this line. }

Age, 52 *Years,* 4 *Months,* 13 *Days*

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Cigar Maker

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Germany

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, { Give street and number. } ~~56~~ 56 Lancaster St.

Cause of Death, { First (Primary,) } Asthenia Suffered, Head ulcer of leg

{ Second (Immediate,) } Sudden Death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, July 17th

Undertaker, H. Doepel

Place of Business, S. Bond St. 131

Chas. M. Noble M.D.
Corner E.O.
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41517

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

Date of Death, July 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Edward Wil[illegible]

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* 9 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, 0

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, All of Life

Place of Death, {Give street and number} 441 Penna. Ave.

Cause of Death First, (Primary,) Teething.

Second, (Immediate,) Diarrhoea.

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 17/1880

Undertaker, Wm. Schmaucks

Place of Business, 336 Penna ave

D. Christian M. D.
Medical Attendant.

Address, 431 Penna. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

No. [illegible]

Board of Health, City of Baltimore,

Permit No. 41578

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. Bradshaw

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, [illegible] *Years,* *Months,* nine *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 165 East Pratt

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 165 East Pratt

Cause of Death First, (Primary,) convulsions

Second, (Immediate,)

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 19th

Undertaker, Ed Schilling

Place of Business, Ashland Square

Geo. H. Wagner M. D.
Medical Attendant.

Address, 18 Aliegnth

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41519

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin A. Katzenberger

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 7 *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} 40 Monroe St.

Cause of Death First, (Primary,) Brain Trouble

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 17 July 1880

Undertaker, Conrad H. Bruns

Place of Business, 60 Market

J. H. Smith M. D.
Medical Attendant.

Address, 100 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 41520

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 15. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Bremer

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give street and number} 80 Payson St

Cause of Death First, (Primary,) Disease of Liver & Spleen

Second, (Immediate,)

Duration of last Sickness, Some weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 18 1880

Undertaker, Chas. T. Paulus

Place of Business, 11 Fulton Ave *Address,* 219 N. Howard St.

James Buckley *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 41521

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Benick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} 39 N. Carolina St.

Cause of Death, First (Primary,) Mal-nutrition

Second (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 17 July

Undertaker, Adam Fink

Place of Business, 461 North Gay St

J. H. Collenberg M. D.
Medical Attendant.

Address 357 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 41522

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Zella. James

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 16 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Chambermaid

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number} 37 Lancaster St

Cause of Death {First, (Primary,)} {Second, (Immediate,)} Typhus Malarial Fever

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 17th 1880

Undertaker, Wm J Gray

Place of Business, 63 Mulberry St *Address,* 150 N Eutaw

J. A. Gillis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

(Death supervened on Typhus Malarial Fever after about 2 weeks confinement. & Exhaustion & C & death)

No. 4

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert

Board of Health, City of Baltimore,

Permit No: 41523

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Richard Owens

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 19 *Years,* 7 *Months,* —— *Days.*

Color, Mulatto

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Barber

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 146 N. Howard St.

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Laryngeal & Pulmonary tuberculosis

Duration of last Sickness, about six weeks —

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 17th 1880

Chas R Van Bibber M. D.
Medical Attendant.

Undertaker, Wm J Gray

Place of Business, 63 Mulberry St *Address,* 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 41524

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Moore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 11 Months, Days.

Color, Col.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 122 S. Durham

Cause of Death, First, (Primary.) Phthisis Pulmonalis ✠ not under my care - Coroner's case

Second, (Immediate.) Asthenia

Duration of Last Sickness, Four (4) Months

All the above information should be furnished by the Physician.

Place of Burial, Dallis st Cemetery

Date of Burial, July 17.

Undertaker, Theodore J. Locke

Place of Business, 73. Jefferson

G. L. Phillis M.D.,
Medical Attendant.

Address, 1[illegible] Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Balti...

Permit No. 41525

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry A. Otter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 12 *Days.*

Color, Blk

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} ~

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} 105 Hill st —

Cause of Death, First, (Primary.) Artificial Alimentation

Second, (Immediate.) Inanition

Duration of Last Sickness, 2 mts

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 17

Undertaker, Hercules Ross

Place of Business, 25 Conway St *Address,* 215 Eutaw st

R. H. P. Ellis *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Bal...

Permit No. 41526

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosina Friedel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty-five years.

Place of Death, {Give street and number.} # 249 S. Durham St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, Second reform Cem...

Date of Burial, July 17th 1880

Undertaker, John C. Schuh

Place of Business, 265 Aliceanna St.

John H. Rehberger M.D.,
Medical Attendant.

Address, # 243 Aliceanna St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 11[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce[illegible]

Board of Health, City of Baltimore,

Permit No. 41527

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16th May 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry W. S Abrahams (Father)

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* A few minutes *Days.*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. } ~~—~~

Occupation, ~~—~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 175. N. Calvert St.

Duration of Residence in the City of Baltimore, ~~—~~

Place of Death, { Give street and number } 175. N. Calvert St.

Cause of Death, First, (Primary,) Retardation of Birth.

Second, (Immediate,) Exhaustion.

Duration of last Sickness, Lived only a few minutes.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, 17th July 1880.

Undertaker, Denny & Mitchell

Place of Business, 65. S. Broadway, *Address,* 47. Franklin St.

McClean Bibbins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 41528

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William T. Clark —

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 40 *Years,* 2 *Months,* 14 *Days.*

Color, white —

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} married.

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} North Carolina —

Duration of Residence in the City of Baltimore, 10 years —

Place of Death, {Give street and number} 320 N. Caroline St —

Cause of Death { First, (Primary,) Phthisis pulmo. / Second, (Immediate,) Asthenia —

Duration of last Sickness, 10 Months —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 18th

Undertaker, Geo Schilling

Place of Business, 45 N Gay

Irving Miller M. D.
Medical Attendant.

Address, 179 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2[illegible]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Fahey

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, ____ *Years,* 11 *Months,* 20 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Canada

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 24 McKim St

Cause of Death, First, (Primary.) Inanition, to the best of my recollection

Second, (Immediate,) I only saw the Child once & that

Duration of last Sickness, was two or three months ago

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 19th

Geo B Reynolds M. D.
Medical Attendant.

Undertaker, H. C. Weedefeld

Place of Business, 90 Greenmount Ave *Address,* 43 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41530

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Irene Carr

Sex, Male or Female, {cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 5 N. Madeira Alley

Cause of Death, First, (Primary.) Whooping Cough

Second, (Immediate,) Convulsions

Duration of last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Ev. Cemetery

Date of Burial, July 18th 1880

Undertaker, M. A. Driver

Place of Business, 74 S. Broadway

James A. Stewart M. D.

Per M. O'Shea

Address, Commissioner of Health Register

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Geo. L. Brown Sanitary Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41531

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hellamia Krueger

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 11 *Months,* 13 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 22 N. Wolfe Street

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Spasms

Duration of last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Aloysius

Date of Burial, July 18th 1880

Undertaker, ~~H. Brown~~ France

Place of Business, Caroline Ave

James A. Stewart M. D.
Medical Attendant.
per McShane

Address, Commissioner of Health
& Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Geo. E. Brown
Sanitary Inspector

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 4582

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos. Whalen

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } male

Age, 72 *Years,* — *Months,* *Days.*

Color, white

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. } widower

Occupation, Cabinet maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 60 years

Place of Death, { Give street and number } 131 S. Chapel St

Cause of Death { First, (Primary,) Phthisis pulmonalis ~~Pleurisy~~ , { Second, (Immediate,) Asthenia

Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, July 18th

Undertaker, Mr. Froelich

Place of Business, E. Avenue

Irving Miller M. D.
Medical Attendant.

Address, 179 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac...

Board of Health, City of Baltimore,

Permit No. 41533

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 16 July 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } August Kalbfleisch

Sex, Male or Female, { cross out the word not required in this line. } male

Age, 1 *Years,* 10 *Months,* 2 11 *Days.*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } Light Street 203

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) Exhaustion

Duration of last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 18 July 1880

Undertaker, Harle

Place of Business, Light St

L. E. Pierkowski M. D.
Medical Attendant.

Address, 24 West Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 41534

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hefner Female

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 11 *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 112 York St

Cause of Death, First (Primary,) Dentition

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 17th

Undertaker, F. N. Troll

Place of Business, 131 Hanover St

F. G. Marcellus M.D.
Medical Attendant.

Address, 206 N Lanvale

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41535

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eddie Williams

~~*Sex,*~~ *Male or* ~~*Female,*~~ { cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 11 *Days.*

Color, Blk

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto md

Duration of Residence in the City of Baltimore, 11 days

Place of Death, { Give street and number } 81 Monroe

Cause of Death { First, (Primary,) 2 / Second, (Immediate,) 2

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 17

Lucretia Eastman M. D.
Medical Attendant.

Undertaker, John R. Bisby

Place of Business, 97 David Hill Ave *Address,* 349 Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11536 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Johnston

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} West Riss Maryland

Duration of Residence in the City of Baltimore, Twelve Years

Place of Death, {Give street and number.} 20 Jenkins alley

Cause of Death, First (Primary,) Cholera Morbus

Second (Immediate,) Exhaustion

Duration of Last Sickness, Twenty four hours —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, July 18th 1880 A. K. Merrick M. D.

Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 211 Eutaw *Address* 1311 & 1313 Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11537

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Malloy

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* ... *Months,* ... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Elkton Md.

Duration of Residence in the City of Baltimore, House 10 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death { First, (Primary,) Dentition
, Second, (Immediate,) Spasm

Duration of last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross. Grave

Date of Burial, July 19th

Undertaker, Geo Saffman

Place of Business, 121 Penna Ave

Martin Brewer M. D.
Medical Attendant.

Address, 58 McCulloh

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

Board of Health, City of Baltimore,

Permit No. 41538

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Loretta Simpson

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days.*

Color, Col'd

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, M D

Place of Death, {Give street and number} 181 Henrietta St.

Cause of Death { First, (Primary,) / Second, (Immediate,) Typhoid Fever.

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Ferrell

Date of Burial, July 17 1880

R J. H. Tall M. D.
Medical Attendant.

Undertaker, C W Chase

Place of Business, 198 Howard St *Address,* 152 Sharp St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ... No. ...

Board of Health, City of Baltimore,

Permit No. 41539

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

Date of Death, July 17th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella R. Blackistone

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 27 *Years,* 6 *Months,* 27 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } St Mary's County

Duration of Residence in the City of Baltimore, Four years

Place of Death, { Give street and number } 59 Mc Culloh St

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cem.

Date of Burial, July 18th

Undertaker, Henry N. Jenkins Jr

Place of Business, 96 Light St

D C Williams M. D.
Medical Attendant.

Address, 201 Druid Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07...]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

No.

Board of Health, City of Baltimore,

Permit No. 41570

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Myers

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ——— *Years,* 2 *Months,* 9 *Days.*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 38 E. St. Stricker

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 38 E. St. Stricker St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) ———

Duration of last Sickness, 24 hours.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, July 17

Undertaker, C H Blizzard

Place of Business, 201 Pac ave

G H Innis M. D.
Medical Attendant.

Address, Cor Stricker & Preston

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 41821

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Harry Durall

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation, Minister of the Gospel

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Fred'k Co. Md.

Duration of Residence in the City of Baltimore, 4 Mo's.

Place of Death, {Give street and number} 206 Aliceanna st.

Cause of Death First, (Primary,) Malarial Fever (contracted at Prince-

Second, (Immediate,) ton, N. J.) running into Typhoid Consumption

Duration of last Sickness, 8½ Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Frederick Md

Date of Burial, July 17-80

John Hood M. D.
Medical Attendant.

Undertaker, Delany & Whitacre

Place of Business, 55 & 61 Hanover St *Address,* 2 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Deleher

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Cor Chew and Ann

Cause of Death, First, (Primary,) Cholera Infl

Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 19 1880

Undertaker, Lee & Sullivan

Place of Business,

W. W. White, M. D.
Medical Attendant.

Address, 361 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Balt...

Permit No. 41543

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Bowling Jr.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19. *Years,* 11. *Months,* 18 *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 11 Hill "

Cause of Death, First, (Primary.) Attempt to Swim in Shallow Water

Second, (Immediate.) Fracture of the Spine at 5th Cervical Vert...

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, July 17 80

Undertaker, Frederick Young

Place of Business, 1162 Hanover St

Theodore Cook **M.D.,**
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Ludolph

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* Fifteen *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and number} 121 S. Broadway

Cause of Death {First, (Primary,) Cholera infantum

{Second, (Immediate,)

Duration of last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Western Cem'tery

Date of Burial, 19 July 1880

Undertaker, Erhard Schlenker

Place of Business, 214 East [redacted] *Address,* 27 N. Broadway

J. S. Daniel, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Peace

Sex, Male or ~~Female,~~ {Cross out the words not required in this line.}

Age, ... *~~Years~~,* ..... *~~Months~~,* 1 *Days*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} No 81 Druid Hill Av

Duration of Residence in the City of Baltimore, all it time

Place of Death, {Give street and number.} No 81 Druid Hill Av

Cause of Death, First (Primary,) Dont Know

Second (Immediate,)

Duration of Last Sickness, 1 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, July 18th 1880

Undertaker, Chas. T Scriven

Place of Business, 271 E Eutaw

J Hunt M.D.
Medical Attendant.

Address, No 36 Lovis st
Baltimore

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 41546

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

Date of Death, July 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Seaburn

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 5-7 Elliott St

Cause of Death, First, (Primary,) Intestinal Inflammation

Second, (Immediate,)

Duration of last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 18th 80

Undertaker, M. Frazer

Place of Business, 200 Canton ave

E. Jas Williams M. D.
Medical Attendant.

Address, 17 Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Balti...

Permit No. 41547 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Nesmer,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, white,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number.} 6 S. Castleton.

Cause of Death, First, (Primary.) Dentition

Second, (Immediate.) Meningitis

Duration of Last Sickness, 2 Weeks,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, July 18th 80

Undertaker, M. Fraser

Place of Business, 280 Canton Ave

G. G. Rusk M.D.,
Medical Attendant.

Address, Balt. & Stad. Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 41028

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Smith

Sex, Male ~~or Female~~; {Cross out the words not required in this line.} Male

Age, 2 *Years,* 7 *Months,* *Days*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~; {Cross out the words not required in this line.}

Occupation, Child

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} Norwood Ct, Sarah Ann St

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 16th 1880

Undertaker, Wm H. Bishop

Place of Business, 97 Druid Hill Ave.

A. K. Fetterhoff M.D.

Medical Attendant.

Address, 205 E. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 41574

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. G. Brown

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ——— *Years,* Seven *Months,* — *Days.*

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Seven months

Place of Death, {Give street and number} No. 21 Pine alley

Cause of Death { First, (Primary,) Cholera Infantum.
Second, (Immediate,) Prostration.

Duration of last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 18 1880

Undertaker, Wm Geo Cadogan

Place of Business, 227 Madison St.

F. B. Gardner M. D.
Medical Attendant.

Address, 1204 Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Co...

Board of Health, City of Baltimore,

Permit No. 41550

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *two* ... *four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 17 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 5 a. m. 16th July, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Deborah Thomas

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, Eighty-Three *Years,* Nine *Months,* ..... *Days.*

Color, Colored

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Near Chester Town, Kent County - Maryland.

Duration of Residence in the City of Baltimore, Over Fifty Years

Place of Death, {Give street and number} 41 Tyson St. or Lewis alley

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) " "

Duration of last Sickness, Was Com Jailing for Several Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 18th 1880

Undertaker, Wm Jas Gray

Place of Business, 65 Mulberry

Wm. J. Smith M. D.
Medical Attendant.

Address, 236 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41551

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 18 1880 BALTIMORE.

Date of Death, July 16, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Norris

~~*Sex,* Male or Female,~~ {cross out the word not required in this line.}

Age, ~~1~~ ... *Years,* 6 *Months,* ... *Days.*

Color, Blk

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 6 ms

Place of Death, {Give street and number} 43 S McElderry

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, July 18th 1880

Undertaker, Wm N Dunger

Place of Business, 62 East Lo

Wm E Eastman M. D.
Medical Attendant.

Address, 349 Hull

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 41552

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18[illegible] 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Francis Coerhart

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 262 S Calhoun St

Cause of Death, First, (Primary.) Trismus Neonatorum

Second, (Immediate,) 4 "

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, July 18th 1880

Undertaker, Jos B Cook

Place of Business 1607 W Baltimore street

Thomas Opie M. D.
Medical Attendant.

Address, 581 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 11[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific[illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41553

HEALTH DEPARTMENT JUL 19 1880 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17 / 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Wasserman

Sex, Male or Female, {cross out the word not required in this line.} male

Age, —— *Years,* 17 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 89 Pearl St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) " "

Duration of last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery

Date of Burial, July 18th 1880

Undertaker, Wm Eiler

Place of Business, 101 Gough St

Thos Ophie M. D.
Medical Attendant.

Address, 581 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 41554

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 1880 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ross

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, Fifty Two (52) *Years,* ——— *Months,* ——— *Days.*

Color, Black

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation, Washwoman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number} 1047 Elbow Lane

Cause of Death { First, (Primary,) ——— Secoud, (Immediate,) Bright's Disease of Kidneys

Duration of last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 18

Undertaker, Hercules Ross

Place of Business, 95 Conway St

Wm A. Clarke M. D.
Medical Attendant.

Address, 18 S Paca

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Permit No. 41555

Board of Health, City of Balti...

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Haas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 15 Holly St

Cause of Death, First, (Primary.)

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 18 80

Undertaker, Gorsuch & Denny

Place of Business, No 263 Light St *Address,* 146 Hanover St

Gordon Cook *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 41556

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Fulton

HEALTH DEPARTMENT JUL 1880 BALTIMORE

Sex, Male or Female, {cross out the word not required in this line.}

Age, Thirty Six *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 8 Elmer Alley

Cause of Death {First, (Primary,) Dysentery from

Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Saint Comelys

Date of Burial, July 18 1880

Undertaker, Abraham Wagman

Place of Business 13 Sharp St.

H. S. Burge M. D.
Medical Attendant.

Address, 206 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. ____

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This C...

Board of Health, City of Baltimore,

Permit No. 41557

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cahill

Sex, Male or Female, {cross out the word not required in this line.} ____

Age, 4 *Years,* 8 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} In a pond in Hubbert St. Locust Point

Cause of Death, First, (Primary,) Accidently Drowned

Second, (Immediate,) "

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Cemetery Holy Cross

Date of Burial, July 18

Undertaker, M. Clarke & Son

Place of Business, 64 E. Balt. St

S. A. Beck M. D.

Coroner

Medical Attendant.

Address 161 So. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Balt...

Permit No. 41558

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 18 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise E. Kr...

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 76 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 11 S. Dallas St.

Cause of Death, First, (Primary.) Dysentery

Second, (Immediate.) Asthenia

Duration of Last Sickness, Two (2) Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Burying ground

Date of Burial, 18 July

Undertaker, Jacob Bucher

Place of Business, 224 Canton ave.

C. L. Sullivan M.D.,
Medical Attendant.

Address, 1 S Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 41559

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 18 1880 BALTIMORE

Date of Death, July 16th 1880 — 6 10 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tracy Trainer

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* 19 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Infant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 22 South Exeter St

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Pneumonia Meningitis

Duration of last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsis Cem'y

Date of Burial, July 18th

Undertaker, H. Fischlich

Place of Business, 24 Eastern Ave

A. Lingenheyer M. D.
Medical Attendant.

Address, 11 S. Wolfe St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44560

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 16 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lewis Mullen Boze

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 11 *Days.*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 28 Fayette St.

Cause of Death { First, (Primary,) Consestion

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, July 18. 1880

Undertaker, Samuel N. Chase

Place of Business, [illegible] and Howard St

H. S. Boze M. D.
Medical Attendant.

Address, 201 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41561

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bunner

Sex, Male or Female, {cross out the word not required in this line.}

Age, 67 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. died

Duration of Residence in the City of Baltimore, 67 Years.

Place of Death, {Give street and number.} 18 South St.

Cause of Death {First, (Primary,) Gastritis

Second, (Immediate,) two (2) weeks.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co'n

Date of Burial, July 19th 1880

Undertaker, Wm. J. Dickens

Place of Business, 65 S. Eutaw

D. L. Ulrich M. D.
Medical Attendant.

Address, 387 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

5

Board of Health, City of Baltimore,

Permit No. 41565

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Simmons

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Twy *Years,* Six *Months,* *Days.*

Color, Black *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 79 Moore alley

Cause of Death, {First (Primary,) Whooping Cough

{Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 18 1880

{*Undertaker,* John C Jordan

{*Place of Business,* 12 E 63 Park Ave

Saml. N. Anderson M. D.
Medical Attendant.

Address Franklin & Pine

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Requested.

Board of Health, City of Baltimore,

Permit No. 41563

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18, 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Baby ~~X~~ & Edith E. Blades

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* 3 *Months,* 13 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 66 Granby St

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Cholera Infr

Duration of last Sickness, 36 hours.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 19th 1880

Undertaker, Denny & Mitchell

Place of Business, 658 Broadway

J. J. White, M. D.
Medical Attendant.

Address, 349 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Note [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41564

HEALTH DEPARTMENT JUL 1885 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, unknown Anne Shiell

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

~~Sex, Male or~~ Female, {cross out the word not required in this line.}

Age, Unknown 65 50 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} unknown

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} unknown

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number} found floating opposite Nunnens Wharf

Cause of Death { First, (Primary,) Verdict— Accidental drowning

, { Second, (Immediate,) "

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Wes Pub Cemetery

Date of Burial, July 17 80

Undertaker, F A Kerchner

Place of Business, 50 Harrilton Ave

Sat, Bell M. D.

~~Medical Attendant.~~

Coroner 3d Dist—

Address, 161 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(Thos 50 pm)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41865

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 18[illegible] 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 15th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Collins

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 42 *Years,* [illegible] *Months,* ..... *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number} Exeter St. 53

Cause of Death First, (Primary.) Phthisis

Second, (Immediate,) Asthenia

Duration of last Sickness, 5 yrs - Acute days -

All the above information should be furnished by the Physician.

Place of Burial. Laurel Cemetery

Date of Burial. July 18th 1880

Undertaker, Wm J Gray

Place of Business, 63 Mulberry St

S. B. Brune M. D.
Medical Attendant.

~~for Dr. D. Roman M. D.~~

Address, 107 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41566

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Dauer

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 36 *Years,* 2 *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} No 350 Hamburg st.

Cause of Death First, (Primary,)

Second, (Immediate,) Apoplexy (Congestive)

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 19th

Undertaker, H. N. Roll

Place of Business, 131 Hanover St. *Address,* 166 S. Paca st.

C. L. Buddenbohn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of B...

Permit No. 41507

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 19 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Hartline

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 85 *Years,* ..... *Months,* ..... *Days.*

Color, W

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Collier

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 52 yrs

Place of Death, {Give street and number.} 87 Johnson st

Cause of Death, First, (Primary.) Cholera Morbus

Second, (Immediate.) Apoplexy

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, W. Aylesworth

Date of Burial, July the 19.

Undertaker, B. Flack

Place of Business, 41 W. Light St

H. J. Ellis M.D.,
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41568

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Clements

Sex, Male or Female, {cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Near Lifetime

Place of Death, {Give street and number} 85 Barney Avenue

Cause of Death, First, (Primary.) Bright's Disease

Second, (Immediate,) " "

Duration of last Sickness, Near Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, July 19th 80

Ed Beck M. D.
Medical Attendant.

Undertaker, B. Gluck

Place of Business, 411 Eagle St

Coroner

Address, 161 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER}

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 41569

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A. Bayliss

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 56 years

Place of Death, {Give street and number} # 50 Parkin St

Cause of Death, First, (Primary.) Apoplexy -

Second, (Immediate.)

Duration of last Sickness, About 45 minutes.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 19 1880 S. A. Bees M. D.

Medical Attendant.

Undertaker, P Kinnuty *Coroner* Se Dr. 1-

Place of Business, 317 Mulberry *Address,* 161 Se - Stand St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleonora Deborah Graf

Sex, Male or Female, {cross out the word not required in this line.}

Age, Thirty five *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md. — During her life time

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} No 97 South Paca

Cause of Death { First, (Primary.) acute Brights disease
Second, (Immediate.) Hydropericardium & Hydrothorax

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 19

James Bacon M. D.
Medical Attendant.

Undertaker, B. Hart

Place of Business, 411 Leg Ave. *Address,* Cor Argyle ave & Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Ba...

Permit No. 41871

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 19 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Collins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 29 E. Lombard St.

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) Chronic

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 19. 1880

Undertaker, Thos. S. Hughes

Place of Business, 60 E. Fayette St *Address,* 7 N. Broadway

G. L. Hitchins M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 19? BALTIMORE.

Date of Death, July 18th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edith F. Russell

Sex, ~~*Male or*~~ *Female,* { Cross out the words not required in this line. }

Age, 12 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~; { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in United States, if of foreign birth.) } Lancaster Co. Pa.

Duration of Residence in the City of Baltimore, 14 Years.

Place of Death, { Give street and number. } 228 Gorman St.

Cause of Death, { First (Primary,) Bright's Kidney's

Second (Immediate,) 4 Months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Lancaster Penn

Date of Burial, July 19, 1880.

{ *Undertaker* J. B. Blackistone & Son

{ *Place of Business,* 606 Baltimore

Wm. L. Reed M.D.
Medical Attendant.

Address, City,

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 1845

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James E. P. Boulden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* ..... *Months,* ..... *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Journalist

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Cecil Co Maryland

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number.} 311. Park Ave.

Cause of Death, First (Primary,) Phthisis

Second (Immediate,) Asthenia

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery Md

Date of Burial, July 19th 1880

Undertaker, Wm. Weaver

Place of Business, No 202 N. Eutaw St Address

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgianne Freeland

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 282 Franklin.

Cause of Death First, (Primary,) Phthisis Pulmonalis.

Second, (Immediate,)

Duration of last Sickness, 12 months.

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, July 20th 1880

R. J. N. Tull M. D.
Medical Attendant.

Undertaker, Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 152 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 17. 1880

Full Names of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Fisher

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 872 W Pratt st

Cause of Death First, (Primary,) Cerebral Inflammation

Second, (Immediate,)

Duration of last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mt Thomas Cemetery

Date of Burial, July 21st

Undertaker, J. W. Cook

Place of Business, 799 W Pratt Address, 319 Hollins st

James Bowley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margret Barnes

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 334 Park Avenue

Cause of Death, First (Primary,) Cancer of Breast ?

Second (Immediate,) Asthenia

Duration of Last Sickness, I do not know having seen her at a few times and not for some weeks past

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, July 20th 1880

Undertaker, Chas T Scriven

Place of Business, 271 N. Eutaw St

J. C. Chew M. D.
Medical Attendant.

Address 141 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Ba...

Permit No. 41577

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 19 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann O'Keefe

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* —— *Months,* —— *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or Country and how long in the United States, if of foreign birth.} County of Lehri Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and number.} 24 Granby

Cause of Death, First, (Primary.) Natural

Second, (Immediate.) Apoplexy

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, July 19th 1880

Undertaker, Leo A Byrne

Place of Business, 63 Front st

J R Wiley M.D.,
Medical Attendant.

Address, 158 Hanover Street

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Christian Oehring

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ ~~Female~~

Age, Five *Years,* 10 *Months,* 5 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} near Harford ave & Townsend street

Cause of Death, First (Primary,) Typhoid Malarial Fever

Second (Immediate,) Exhaustion (Asthenia)

Duration of Last Sickness, 14 days, but unhealthy for some time previous.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, July 19th, 1880

Undertaker, Wm. H. Hyman

Place of Business, 234 W. Gay St.

A. A. Elwell, M. D.
Medical Attendant.

Address 559 Harford avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1893 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, July 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Warden

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 00 *Years,* 00 *Months,* Eleven *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 11 Paul alley

Cause of Death { First, (Primary,) Inanition
Second, (Immediate,) "

Duration of last Sickness, Since birth (Eleven days)

All the above information should be furnished by the Physician.

Place of Burial, Cem. Cemetary

Date of Burial, July 19

Undertaker, John R. Bishop

Place of Business, 97 Druid Hill Ave

Silas Baldwin M. D.
Medical Attendant.

Address, 152 Lawrence St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...e Special Attention of Physicians is respectfully ...

Board of Health, City of Baltimore,

Permit No. 41580

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Murphy

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, Eighty Two *Years,* Nine *Months,* — *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Widow

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 46 Years

Place of Death, {Give street and number} 75 Forrest St

Cause of Death { First, (Primary.) — Second, (Immediate,) Strangulated Femoral Hernia

Duration of last Sickness, Six Days

All the above Information should be furnished by the Physician.

Place of Burial, Govanstown, Rebersyan Church

Date of Burial, 20 July 3 Oclock PM

A. P. Peales M. D.
Medical Attendant.

Undertaker, Geo. L. Rodermayr

Place of Business. 38 Canton Ave *Address,* 137 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the ... date of death, except in cases of births and deaths of illegitimate children.

...WM. J. C. KELLY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41581

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elsie M. Seebold

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, ~~Years,~~ Three *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No. 219 North Bond St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 20th

Wm H Clendinen, M. D.
Medical Attendant.

Undertaker, George Schilling

Place of Business, Ashland Square *Address,* No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of

Permit No. 41582

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 19 1880 BALTIMORE

Date of Death, July 18th. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Savurski

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 8 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} # 97 Thames St.

Cause of Death. First, (Primary.) Cholera Infantum

Second, (Immediate.)

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Alpharetta Geo

Date of Burial, July 19

Undertaker, H. Appel

Place of Business, 161 S Bond

John H. Rehbergen **M.D.,**
Medical Attendant.

Address, 1343 Aliceanna St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 41583, OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia Stohmeyer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, One Months, 21 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} United States

Duration of Residence in the City of Baltimore, Seven weeks

Place of Death, {Give street and number.} Holland st do 15

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, One day and a half.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 19th 1880

Undertaker, Jno H. Weaver

Place of Business, 22 Fayette st

J. D. Gorsuch M. D.
Medical Attendant.

Address Cor Aisquith & Fayette sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 41584

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jouzek

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 5 *Days.*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} born at the ocean

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 32 Hanover st

Cause of Death, First, (Primary,) Is was a miscarriage of 7 months

Second, (Immediate,)

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 19 1880

Undertaker, Jos. Jouzek

Place of Business, 33 Hanover Stead *Address,* 195 S. Howard

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 41585

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 17th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Lorenz

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 17 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} # 484 Canton Av.

Cause of Death, First, (Primary.)

Second, (Immediate,) Cerebro Spinal Meningitis

Duration of last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial, L. Balto Co.

Date of Burial, July 19th

Aug. H. Erich M. D.
Medical Attendant.

Undertaker, 232 Canton Av.

Place of Business, Canton Lane

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Baltimo

Permit No. 41586

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A (Minott)

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 21 *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 4 Rowe alley

Cause of Death { First, (Primary,) Pneumonia
Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 20 1880

Undertaker, John H. Owens

Place of Business, 225 S Eutaw

Address, 20 E Lee St

C. C. Broze M. D.
Medical Attendant.

HEALTH DEPARTMENT JUL 1880 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

Permit No. 41587

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. Humphreys

Sex, Male or Female, { cross out the word not required in this line. } M

Age, 57 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Stone Cutter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Wales - Great Britain

Duration of Residence in the City of Baltimore, 33 yrs.

Place of Death, { Give street and number } 232 Constitution St.

Cause of Death, First, (Primary,) Tuberculosis Pulmonum

Second, (Immediate,) Apnoea

Duration of last Sickness, About three years

All the above information should be furnished by the Physician.

Place of Burial, Waverly Church Yard

Date of Burial, Tuesday 20 inst

G B Britton M. D.
Medical Attendant.

Undertaker, Geo. Schilling

Place of Business, Aquedt & Monument

Address, 31 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 41588

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
1880
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 18 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm R Hill

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Twenty two *Years,* Ten *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Groceries Store

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co Maryland

Duration of Residence in the City of Baltimore, Eighteen Years

Place of Death, {Give street and number} 207 Hamburg St

Cause of Death, First, (Primary,) Hereditary Pulmonary Consumption

Second, (Immediate,) Atrophy and Exhausted

Duration of last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 19th July

Undertaker, D T Porter Sons

Place of Business, 130 E Baltimore St

L. D. Dyer M. D.
Medical Attendant.

Address 146 Hill St L. D. DYER M. D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimor

Permit No. 41589

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Furman

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 57 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Whitewasher

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} # 31 Jno Allen

Cause of Death, First (Primary,) Dropsy

Second (Immediate,) Exhaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 19 1880

Undertaker, W. M. Deuge

Place of Business, East St

Samuel J Bell M.D.
Medical Attendant.

Address, # 134½ Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 41590

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 19 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Cathers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 48 E Eager

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 6 mo

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 20. 1880

Undertaker, Thos S Hughes

Place of Business, 60 E Balto St *Address,* 43 N Calvert

Geo B Rogers M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Board of Health, City of Baltimore

Permit No. 41591

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 19 1891 BALTIMORE

Date of Death, July 18th 91

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael O'Neill

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* Sixteen *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number} 14 Burrough St

Cause of Death { First, (Primary,) Cholera Infantum
, { Second, (Immediate,) Spasms

Duration of last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Locust Hill Cemetery

Date of Burial, July 19th

{ *Undertaker,* B. Funk
{ *Place of Business,* 411 Fell St.

Julius Hall M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 11592

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 19 1[illegible] BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 18th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Julia Frances Hynson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 37 *Years,* 9 *Months,* — *Days.*

Color, White *Sex,* —

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Queen Anne's Co. Md.

Duration of Residence in the City of Baltimore, 18-20 yrs.

Place of Death, { Give street and number. } No. 286 W. Townsend St.

Cause of Death, { First (Primary,) Pulmonary Tuberculosis / Second (Immediate,) Asthenia

Duration of Last Sickness, About Six (6) months.

All the above information should be furnished by the Physician.

Place of Burial, Kent Co Md Wm. H. Mummy *M. D.*
Medical Attendant.

Date of Burial, July 20th 1880

Undertaker, Denny and Mitchell *Address* Fayette & Fremont Sts.

Place of Business, 550 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1846

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41593

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Wilson

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, ____ *Years,* 6 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 20 Butler alley

Cause of Death, First, (Primary,) Diarrhoea

Second, (Immediate,)

Duration of last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 20th

H. Abbott M. D.
Medical Attendant.

Undertaker, Henry Boice

Place of Business, Monroe St 81 *Address,* 95 S Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

Permit No. 41594

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 19 1880 BALTIMORE

Date of Death, July 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Medicus

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, ~~Years,~~ *Years,* 4 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 33 S. Caste St

Cause of Death, First, (Primary.) Malnutrition

Second, (Immediate.) Marasmus

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 20 1880

Undertaker, A. Koehler

Place of Business,

Jno. A. Thomas M. D.
Health Officer (or Deputy)

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OVER.

Exam by B. Biggs M. D.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 41595

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Smith

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and number} 46 S. Broadway

Cause of Death First, (Primary,) Convulsions

Second, (Immediate,)

Duration of last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Edgar St Cemetery

Date of Burial, 20 July 80

Undertaker, E Myers

Place of Business, 96 S Edgar

Edward R Judd M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 41596

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 19 1880 BALTIMORE

Date of Death, July 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida & Hillary Bailey

Sex, Male or Female, {cross out the word not required in this line.} Parents

Age, ~~Years,~~ ~~Months,~~ 4 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 9 Bartlett St

Cause of Death, First, (Primary,) ~~Convulsions~~

Second, (Immediate,) Convulsions

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 20 '80

James A Steuart M. D.

Undertaker, W. H. Bishop

Place of Business, Druid Hill Ave *Address,* Comm'rs of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by L. V. Fitzpatrick

Board of Health, City of Baltimore,

Permit No. 41597 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 19 1886 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Bond

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* — *Months,* 28 *Days.*

Color, Colored *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 17 Jasper n. F

Cause of Death, First (Primary,) Convulsions

Second (Immediate,)

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 19/886

J. Gibbons M. D.
Medical Attendant.

Undertaker, John G. Pendo

Place of Business, No 83. Pratt *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

Permit No. 41598

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Antony Zeiler

~~*Sex, Male or Female,*~~ { cross out the word not required in this line. }

Age, ~~Years,~~ 2 *Months,* ~~Days.~~

Color, White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 14th E. Lombard St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Michaels

Date of Burial, July 20th 1880

Undertaker, A. Frances

Place of Business, 280 Canton Ave

J. Thelin M. D.
Medical Attendant.

Address. 245 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Board of Health, City of Baltimor[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTI[illegible]

Permit No. 41599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Kranter

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 26 *Years,* *Months,* 2 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Cigar maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, { Give street and number } Cor Eutaw & Hermitage Sts

Cause of Death First, (Primary,) Phthisis Pul-

Second, (Immediate,) asthenia.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, July 21st 1880

Undertaker, B. Hakle

Place of Business, Light St

T. B. Burns M. D.
Medical Attendant.

Address, 207 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o

No.

Board of Health, City of Baltimore,

Permit No. 41680

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. Lauyer

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Silver Plater

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 68 N. Howard St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Consumption

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, July 21st

Undertaker, Stuart Williams

Place of Business, 305 E. Balt. St. *Address,* 2 Cathedral St

Henry Reid M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL

Permit No. 41601

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milton Brown

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 25 *Years,* ——— *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland (Cecil Co)

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, {Give street and number} Maryland Infirmary Hospital

Cause of Death { First, (Primary,) Fabro Mesenterica

Second, (Immediate,)

Duration of last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 20 1880

{ *Undertaker,* D W Chase

{ *Place of Business,* No 19 St Howard St

F. J. Flannery M. D.
Asst Resident Medical Attendant,

Address, Infirmary Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of [illegible]

Permit No. 41605

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence H. Day

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* Two *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 412 E. Madison St.

Cause of Death, First, (Primary.) Diarrhoea

Second, (Immediate.) Athrepsia

Duration of Last Sickness, Four (4) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 20th, 1880.

Undertaker, Bay & Bro.

Place of Business, 324 N. Broadway

G. L. Tilden M.D.,
Medical Attendant.

Address, 1717 E. Baltimore St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimo.

Permit No. 4605

OFFICE OF REGISTRAR OF VITAL STA.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Perkins

Sex, Male or Female, {cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} 42 Carlton St - near Hartman

Cause of Death, First, (Primary,) Chronic Bright Disease

Second, (Immediate,) Effusion into Peri Cardium

Duration of last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 20 1880

Undertaker, C W Chase

Place of Business, No 198 Howard St

John D. Kemp M. D.
Medical Attendant.

Address, 215 N. Gaulton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 41604

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louisa Lewis.

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 36 *Years,* 11 *Months,* *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ~~With a Short~~ Since birth

Place of Death, {Give street and number} 22 Pierce St

Cause of Death { First, (Primary,) Metritis
, Second, (Immediate,) Chronic Pelvic Peritonitis

Duration of last Sickness, 8 Months.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, July 20 1880

Undertaker, John C Jones

Place of Business, 192 63 Park Av

Jos L Pennington M. D.
Medical Attendant.

Address, 134 N Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Office of Registrar of Vital

Permit No. 41605

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ac... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece... sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUL 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Woodland

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 19 *Years,* ..... *Months,* ..... *Days.*

Color, Colrd

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 35 Brunswick St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 20 1880

Undertaker, John L. Jones

Place of Business, 22 & 23 Pratt St

J. Miller M. D.
Medical Attendant.

Address, 89 Brown St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over.]

Board of Health, City of Baltimo

Permit No. 41606

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1900 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gornall

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~55~~ 65 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Cotton Smith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number} 28 S Carrollton Ave

Cause of Death, First, (Primary,) Valvular Diseas Heart

Second, (Immediate,)

Duration of last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 21 1900

Undertaker, S. M. Leonard & Son

Place of Business, 782 W. Baltimore

J. J. Knight M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ... No. ...

Board of Health, City of Baltimore,

Permit No. 41607

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BALTIMORE DEPARTMENT JUL 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amalie Valentine

Sex, Male or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 10 *Months,* 11 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Castle St, between Madison & Chew

Cause of Death, First, (Primary.) Cholera Infant.

Second, (Immediate.) Spasms

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 20

Undertaker, John Hennig.

Place of Business, 552 Eastern Ave

G. Liebmann M. D.
Medical Attendant.

Address, 229 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the ...

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases

Board of Health, City of Baltimor

Permit No. 41608. OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Jackson

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, ~~Years,~~ Two *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} Harmony Lane No 122 near Oregon St

Cause of Death, {First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, A few days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, July 20 1880

{*Undertaker,* William Stringer

Place of Business, No 628 East Fayette

T. Straw M.D.

Medical Attendant.

Address. 630 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 41609

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41609

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph A. Jefferson

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 10 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 58 S. Ann Street

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Meningitis

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Betts Cemetery

Date of Burial, July 21st 1880

Undertaker, Denny & Mitchell

Place of Business, 658 Broadway

David C. Shane M. D.
Medical Attendant.

Address, 658 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

The Special Attention of Physicians is respectfully invited to the Reverse Side of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41610

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth J. Landis

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 62 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, X X X

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 60 S. Bond

Cause of Death { First, (Primary,) Cerebral Apoplexy
, { Second, (Immediate,)

Duration of last Sickness, 9 Hours

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, July 21st 1880

{ *Undertaker,* Dinny & Mitchell
{ *Place of Business,* 65 S. Broadway

James E. Donnelly M. D.
Medical Attendant.

Address, 299 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hamet Ann Henry

Sex, ~~Male or Female~~, { cross out the word not required in this line. }

Age, 18 *Years,* 11 *Months,* 4 *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

~~Occupation~~,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 908 Hunt St

Cause of Death { First, (Primary,) / Second, (Immediate,) } Pleural Convulsions

Duration of last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 20

Undertaker, Hercules Ross

Place of Business, 15 Commerce St

Chas. H. Brown M. D.
Medical Attendant.

Address, 15 Commerce St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 41612

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 20 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 18th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Gruel

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 3 Years ~~Years,~~ *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~ Single ~~Widow~~ ~~Widower~~

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } Cor Bond & Aisquith Sts

Cause of Death, First, (Primary.) Trismus Birth 7th month

Second, (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore ~~county~~ county.

Date of Burial, July 20th 1880.

Undertaker, Wm. A. Hickman

Place of Business, 234 N. Gay.

[illegible] M.D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 41613

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JUL 20 1880 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Schicks -

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White

~~*Married,* *Single,* *Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany - ?

Duration of Residence in the City of Baltimore, about 25 yrs

Place of Death, {Give street and number.} St Joseph's Hospital

Cause of Death, First, (Primary.) Anasthesia

Second, (Immediate.) Exhaustion

Duration of Last Sickness, About 13 years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 21st 1880

Undertaker, A Schultheis

Place of Business,

O'Leary J. Costen M.D.,
Medical Attendant.

Address, 188 N. Calvert St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antone Krauspa

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bohemia 2 months

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 10 Cy Lancaster St

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Summer Diarrhoea

Duration of last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 19 1880 James A Steuart M. D.

Undertaker, Henry Brine

Place of Business, 252 Aliceanna St *Address,* Comm of Health Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by C. Fitzpatrick

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 20 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Finn

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 133 S. Eutaw St

Cause of Death, First, (Primary,) Peritonitis

Second, (Immediate,) Exhaustion & convulsions

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, July 21st 1880

Edward P. McDevitt M. D.
Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 245 N. Gay St *Address,* 133 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 41616

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary D Baker

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, ... *Years,* 6 *Months,* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 236 N Broadway

Cause of Death, {First (Primary,) Bronchitis

Second (Immediate,) Exhaustion.

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, 22 July 1880

Samuel J Belt M.D.
Medical Attendant.

{*Undertaker,* H. Fehlmann

{*Place of Business,* 63 N. Eden St.

Address 134 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41617

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~said~~ deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 20 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Nolan

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, ____ *Years,* ____ *Months,* 17 *Days.*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 26 Stockton St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 21st 1880

Undertaker, Iggs & Cook

Place of Business, No 70 Baltimore street

D. [illegible] M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41618

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Violet Finglin

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 3 *Years,* 9 *Months,* *Days.

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} S. N. Poppleton St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlet Fever

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 21 1880

Undertaker, Joseph Lorsky

Place of Business, 222 W. Baltimore St

J. Shelton Hill M. D.
Medical Attendant.

Address, 432 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet A. E. Slater

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} E. Pratt Alley

Cause of Death {First, (Primary,) Pneumonia

{Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 21st 1880

Undertaker, Geo. H. Perkins & Co

Place of Business, 180 Hanover St. *Address,* 201 Light St.

C. E. Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josie Matterson

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Georgia

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} St Vincents Hospital

Cause of Death, First (Primary,) Cancer of Uterus

Second (Immediate,) Asthenia

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, July 21st 1880

Thos P Smith M. D.
Medical Attendant.

Undertaker, Jas B Byrne

Place of Business, 63 Front St *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41624

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick McDonald

Sex, Male or Female, {cross out the word not required in this line.}

Age, 77 *Years,* ..... *Months,* ..... *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Cor. John and Valley Sts

Cause of Death, First, (Primary,)

Second, (Immediate,) Pulmonary abscess

Duration of last Sickness, a few months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 21st 1880

Undertaker, ~~Henry Hollmeier~~ Jas P Byrne

Place of Business, 63 Fountain

Jno. Burke Boyle M. D.
Medical Attendant.

Address, Mole E. Cager St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41622

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elenor Gracey

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* 14 *Days.*

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} Nr 287 E Madison

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 22nd

Undertaker, Geo Schilling

Place of Business,

Wm G Rumsey M. D.
Medical Attendant.

Address, Broadway & Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 41623

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 21 1880 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 20 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles M. Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} Light St

Cause of Death, First, (Primary.) Scrofula

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 22 1880

Undertaker, Philip Koehler

Place of Business, Shark & Co's *Address,*

M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No 41624

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances McClellan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Forty *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, No occupation

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, ~~Born~~ Birth

Place of Death, {Give street and number.} No 145 N. Eutaw St

Cause of Death, {First (Primary,) ..... Second (Immediate,) Consumption

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 22/1880

Undertaker, L. Dennis Sons.

Place of Business, No 92 N. Howard

F H Hatard M.D.
Medical Attendant.

Address No 114 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 20th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Correa

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 50 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 134 McElderry St.

Cause of Death { First, (Primary,) Mes Cons Fever Cholera Infantum
Second, (Immediate,) ...

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 21st 1880

M. B. Billingslea M. D.
Medical Attendant.

{ *Undertaker,* ...
{ *Place of Business,* 54 h Broadway *Address,* Harford Ave & Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 41626

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 21 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Casper Dischof

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 77 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Tinsmith

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 239 1/2 N Caroline St

Cause of Death, First, (Primary.) Senility

Second, (Immediate.) —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, July 21, 1880

Thos Turner M.D.,
Medical Attendant.

Undertaker, Henry Flood

Place of Business, 369 Central ave Address, [illegible]

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Reverse Side of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Francis Reese

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, baby

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 26 St Marguerite St

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 284 " "

Cause of Death { First, (Primary,) Inanition
, { Second, (Immediate,)

Duration of last Sickness, one minute

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius Center

Date of Burial, July 21, 1880

Undertaker, Henry Hoeck

Place of Business, 389 Central Av *Address,* 6 Rutter St

Wm. Mosser M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11628

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Tuesday July 20th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Tautefour

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 1 *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } # 211 Pine St.

Cause of Death { First, (Primary.) Internal Pains

Second, (Immediate) 1 day

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 21st 1880

D. Emmit Harris M. D.
Medical Attendant.

Undertaker, Wm. Samuel Gray

Place of Business, 65 Mulberry St. *Address,* # 552 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, who the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41629

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Idora Crockett (Pearl

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 10 Months ~~Days.~~

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 176 Fountain St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 176 Montgomery St

Cause of Death {First, (Primary,) Pneumonia, Dr H. Second, (Immediate) 5 month Congestion

~~*Duration of last Sickness,*~~

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, July 21st 1880

Undertaker, Arnold & Sons

Place of Business, 263 Fayette

Dr. W. H. Dunsen M. D.
Medical Attendant.

Address, 144 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41630

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Weis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 44 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, ~~Corner Jefferson & Ashland Ave.~~

Place of Death, {Give street and number.} 2 Jefferson, Lower St.

Cause of Death, First (Primary,) Uterine Cancer.

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews' Cemtr. P H Reuche M. D.

Medical Attendant.

Date of Burial, July 21. 1880.

Undertaker, H. Hofmann *Address* Waverly

Place of Business, 63 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41631

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 19 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. D. O. Reilly

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* 7 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} Cor. Centre Mkt & Howard — 41

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial St. Vincents Cem.

Date of Burial, Aug 21. 1880

Undertaker, Thos S Hughes

Place of Business, 60 E Fayette St *Address,*

Abram B. Arnold M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Following

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July ~~14~~ 20 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Brooks

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* 20 *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 15 Lifetime

Place of Death, {Give street and number} 912 15 Fawn St.

Cause of Death {First, (Primary,) Drunk since birth Inanition

Second, (Immediate,) Marasmus

Duration of last Sickness, ~~1~~ 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 20. 1880

Undertaker, John C. Jordan

Place of Business, N2 & 3 Paulton

Eldridge C. Price M. D.
Medical Attendant.

Address, 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 41633

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Mary E Boyer

Sex, Male or Female, { cross out the word not required in this line. }

Age, 42 *Years,* ____ *Months,* ____ *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Washwoman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, 22 years

Place of Death, { Give street and number } 65 Byrd St

Cause of Death, First, (Primary,) Cerebral

Second, (Immediate,) Apoplexy probably

Duration of last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 21 1880

Undertaker, G V Cluss

Place of Business, 198 Harrison St

Edward K Walker M. D.
Medical Attendant.

Address, Corner M Pk

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Tormey

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, ed

Married, Single, ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Natte Carolina

Duration of Residence in the City of Baltimore, 23 years + 5 Months

Place of Death, {Give street and number} Mc Kimmet St 96

Cause of Death First, (Primary,)

Second, (Immediate,) Consumpetion

Duration of last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Savs Cemetry

Date of Burial, July 21st 1880

Undertaker, Thos J Locks

Place of Business, 13 Jefferson St

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 41635.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Olive Bonyun

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months;* 5 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 139 N Wolfe St

Cause of Death {First, (Primary,) Premature Birth.
Second, (Immediate,) Enanition

Duration of last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 21st 1880

Undertaker, Thos J Locke

Place of Business, 73 Jefferson st

Irving Miller M. D.
Medical Attendant.

Address, 1792 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41636

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Dove

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, 2 yrs 9 mos.

Place of Death, {Give street and number} 548 W. Pratt St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate.) Sore (9) Days.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, July 22/80

Undertaker, J. M. Leonard Son

Place of Business, 782 W. Balto St.

J. L. Steiner *M. D.*
Medical Attendant.

Address, 387 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Ba...

Permit No. 41637

Office of Registrar of Vital Statistics.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 21 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Montgomery Crawford

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 9 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore city, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number.} N. W. Cor. Alice Anna & S. Dallas St.

Cause of Death, First, (Primary.) Typhoid Fever accompanied

Second, (Immediate.) by Internal Convulsions.

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, July 22. 1880

Undertaker, M. A. Bauer

Place of Business, 74 S. Broadway

John H. Kehlenger M.D.,
Medical Attendant.

Address, 243 Alice Anna St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 41638

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 2 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 19th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Edwin Davis

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 21 O'Donnell St

Cause of Death First, (Primary.) Scarlet Fever

Second, (Immediate.)

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, July 21. 1880

Undertaker, M. A. Bayer

Place of Business, 714 S. Broadway

E. Jones Wilson *M. D.*
Medical Attendant.

Address, 1 Patterson Pk

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41639

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 21 2 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 21st. 230 P M

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael J. Moore

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 9 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} SS

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 107 E. Ave

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) .....

Duration of last Sickness, Called on Sunday July 11th 1880

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, July 22. 1880

James E Donelle M. D.
Medical Attendant.

Undertaker, M A Quigley

Place of Business, No 718 Broadway Address, 992 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41645

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Anderson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 349 Columbia Ave

Cause of Death, First, (Primary,) Effusion on Brain

Second, (Immediate,)

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, July 23 80

Undertaker, Conrad Kunkel

Place of Business, No 10 Eutaw

J T Knight M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 41647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate. Shermer.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 12. *Years,* 7 *Months,* ~~~ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md. 2 -

Duration of Residence in the City of Baltimore, ~~~

Place of Death, {Give street and number.} No. 271 Canton ave near Durham st.

Cause of Death, First (Primary,) Typhoid Fever.

Second (Immediate,) Prostration.

Duration of Last Sickness, 4 wks.

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cem. C. M. Schutter Jr. M. D.

Date of Burial, July 22nd 80 Medical Attendant.

Undertaker, W. Frazier

Place of Business, 280 Canton ave Address S.W. cor. Wolf st & Canton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41642

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 4½ P.M. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Hesterdeen

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 1 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} XXX

Occupation, XXX

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} 265 Eastern Avenue

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) .....

Duration of last Sickness, One or two weeks - Called in on Sunday 18th.

All the above information should be furnished by the Physician.

Place of Burial, Westminster Ch.

Date of Burial, July 22nd 80

Undertaker, Wm. France

Place of Business, 230 Eastern Ave

Amos E. Donelle M. D.
Medical Attendant.

Address, 299 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/1643

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanah D. Tuck

Sex, Male or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 146 Sterling St.

Cause of Death, First, (Primary,) Measles

Second, (Immediate,) Oedema general.

Duration of last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem'l

Date of Burial, July 23/1880 Francis L Sawyer M. D.

Medical Attendant.

Undertaker, Henry Flook

Place of Business, 309 Central Ave *Address,* 105 N Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Robert Pfaff

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 10 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} S. Dallas St #277

Cause of Death, First, (Primary.) Diptheria

Second, (Immediate,)

Duration of last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Evangelical

Date of Burial, July 22nd

Undertaker, Henry Sander

Place of Business, 252 Fontaine Ave

John H. Rehburg M. D.
Medical Attendant.

Address, #243 Alice Ann

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Rules [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41645

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 21st. 1880.

Full Name of Deceased {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria L. Kuehnell

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ——— *Years,* 6 *Months,* 1 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number} No 340 S. Schar[illegible]

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 23 80

Undertaker, J. Hoberkorn

Place of Business, [illegible] Broadway

O. L. Buddenbaum M. D.
Medical Attendant.

Address, 166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Johnson

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.} Female

Age, twenty (20) *Years,* one (1) *Months,* ..... *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation, House Maid.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Nine Years (9)

Place of Death, {Give street and number} # 5 Lemmon Alley

Cause of Death, First, (Primary,) Typhoid fever.

Second, (Immediate,) Probably intestinal perforation No. p.m.

Duration of last Sickness, Four (4) weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, July 22nd 1880

Undertaker, ... Thos. J. Gorry

Place of Business, 65 Mulberry

James A. Warren M. D.
Medical Attendant.

Address, # 110 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lily Angelina Bruyere

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} D. C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 139 N. Wolfe St

Cause of Death { First, (Primary,) Premature Birth
Second, (Immediate,) Inanition

Duration of last Sickness, Life

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 22nd 1880

Undertaker, Chas. G. Locke

Place of Business, No. 73 Jefferson St

Levi Miller M. D.
Medical Attendant.

Address, 1792 Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11648

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Hines — Mother

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 mos *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 49 Prescott St

Duration of Residence in the City of Baltimore, ——— between Light & Charles

Place of Death, {Give street and number.} 49 Prescott St

Cause of Death, First (Primary,) Pneumonia Lingualis

Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, July 22nd 1880

Undertaker, F. A. Kershaw

Place of Business, *Address* 40 Conway St

J. Hopkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41649

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 20 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Stewart

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 65 *Years,* — *Months,* — *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Cook

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County Md

Duration of Residence in the City of Baltimore, Thirty six yeares

Place of Death, {Give street and number} 113 Pearce Street

Cause of Death, First, (Primary.) Cold

Second, (Immediate,) Old age

Duration of last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 22nd 1880

Undertaker, Wm H Dorsey

Place of Business, East St

Address, Commissioner of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Geo. E. Brown Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41650

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daniel Post.

Sex, Male or Female, { cross out the word not required in this line. }

Age, 17 *Years,* 11 *Months,* 12 *Days.*

Color, Col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Driver

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 25 21 E. Hamilton

Cause of Death, First, (Primary.) Phthisis pulm

Second, (Immediate.)

Duration of last Sickness, 9 month

All the above information should be furnished by the Physician.

Place of Burial, Loaarp St Cemetary

Date of Burial, July, 22,

Lewis C. Lee M. D.
Medical Attendant.

Undertaker, Charles A White

Place of Business, 86 Granby st *Address,* Mulberry East

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11651

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam H Bond

Sex, Male or Female, {cross out the word not required in this line.}

Age, Twenty four *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Living life

Place of Death, {Give street and number} No. 348 East ~~Baltimore~~ Monument

Cause of Death — First, (Primary,) Cerebro prostration

Second, (Immediate,) Diarrhea Mucous

Duration of last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, July 23d 1880

Undertaker, Andrews & Hodges

Place of Business, No 416 Druid Hill Ave

Milton et Taylor M. D.
Medical Attendant.

Address, Broadway & Lake Ellwood

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41652

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1880 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 7 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and number } 668 Rose St

Cause of Death, First, (Primary.) Typhoid Fever

Second, (Immediate.) Exhaustion

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem

Date of Burial, July 23d 80

M. D.
Medical Attendant.

Undertaker, M. Fromer

Place of Business, 280 Canton Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41653

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 21 July 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Freeland

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 52 *Years,* — *Months,* — *Days.*

Color, black

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, white washer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 44 Canal alley

Cause of Death { First, (Primary.) Consumption
Second, (Immediate.)

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mt Harrison Cemetery

Date of Burial, July 22 1880

Undertaker, D. H. Chase

Place of Business, No 198 D Howard st

G Lane Tanyhill M. D.
Medical Attendant.

Address, 129 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Kordunski

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number.} Alice Anna st No. 294.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Prostration

Duration of Last Sickness, 1 wk -

All the above information should be furnished by the Physician.

Place of Burial, N. Athenaeum Cem

Date of Burial, July 23 th

Undertaker, Wendel Dippel

Place of Business S. Bond st. 151

C. M. Schulte Jr M. D.
Medical Attendant.

Address S.W. cor. Wolf st & Canton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James J. Warrington.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 48 *Years,* 5 *Months,* 25 *Days.*

Color, White

Married, ~~Single, Widow, Widower~~, {Cross out the word not required in this line.}

Occupation, Shoemaker.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Delaware.

Duration of Residence in the City of Baltimore, 39 years.

Place of Death, {Give street and number} 162 Ramsay St

Cause of Death, First, (Primary.) Cancer of Stomach.

Second, (Immediate,)

Duration of last Sickness, 8 months.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park cemetery

Date of Burial, July 23rd 1880

A. S. Natty. *M. D.*
Medical Attendant.

Undertaker, Jos. B. Cook

Place of Business, 1707 W Baltimore Street *Address,* 106 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41656

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 80.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margie G. McKinley.

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 37 *Years,* *Months,* *Days*

Color, White.

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City,

Duration of Residence in the City of Baltimore, all her life.

Place of Death, {Give street and number.} 489 Franklin St.

Cause of Death, First (Primary,) Typhoid Fever,

Second (Immediate,)

Duration of Last Sickness, Eight Days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, July 23rd 1880

Undertaker, Wm H Cook

Place of Business, No 707 N Baltimore street

John L. L. Boyd M.D.
Medical Attendant.

Address, City

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22. 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Lou Lyman

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, ... *Years,* 5 *Months,* 15 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 435 McHenry St

Cause of Death { First, (Primary,) Marasmus

{ Second, (Immediate,)

Duration of last Sickness, Three months

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, July 23rd 1880

Undertaker, H. B. Cook

Place of Business, No 707 N. Baltimore street

James Bailey M. D.
Medical Attendant.

Address, 319 Holliday st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma L. Schmidt

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 18 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, two years three months & Eight

Place of Death, {Give street and number} No 71 Patterson Pl

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,) Eight days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, July 23 th 1880

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

Jas Glover M. D.
Medical Attendant.

Address, 46 N. Highland St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 41659

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hermann Buck

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 7 *Years,* 8 *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} Pond back of Patterson Park

Cause of Death, First (Primary,) Drowned

Second (Immediate,)

Duration of Last Sickness, Sudden death

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Cem'y

Date of Burial, July 22nd

Undertaker, H Frechlich

Place of Business, 244 Eastern Av

Chas M. Merkle M.D.
Coroner E.D.
Medical Attendant.

Address, 67 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41660

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21 st 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Arthurs

Sex, Male or Female, {cross out the word not required in this line.}

Age, 14 *Years,* — *Months,* 9 *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 118 N High st

Cause of Death, First, (Primary,)

Second, (Immediate,) Acute Hydrocephalus

Duration of last Sickness, Six day

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, July 22nd 1880

Undertaker, Jas C Byrne

Place of Business, 63 Hanover *Address,*

E. F. Cooper *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41661

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22d 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Box Tukel

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* — *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 120 N. Arlington

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cem.

Date of Burial, July 23d 1889

Undertaker, Wilson Snyder

Place of Business, 23 Lombard

Address,

J. Fletcher M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 41662 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 22 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah M. Cooper

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* 4 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 211 Mullikin St.

Cause of Death, First, (Primary.) Marasmus.

Second, (Immediate.) Exhaustion,

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Dallas A Cemetery

Date of Burial, July 22nd 1880

Undertaker, Thos J. Locke

Place of Business, 78 Jefferson St

G. G. Lusk **M.D.,**

Medical Attendant.

Address, Balt. & Wash. Rr.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41663

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 21st 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaretta L. Miller

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 1 *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and number } No 13 Patt St

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Croup

Duration of last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Cem.

Date of Burial, July 22d 1880

Undertaker, Geo Snyder

Place of Business, 232 Gaster Ave

..... M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 11664

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22/80.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* Six *Months,* *Days.*

Color, Mulatto *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 38 Orchard St.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,)

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, July 22 - 1880

Undertaker, John G Jordan

Place of Business, N°63 Park st

C. W. Thompson M. D.
Medical Attendant.

Address 41 Orchard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Thomas

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 19 Queen

Cause of Death { First, (Primary,) ..... Second, (Immediate,) .....

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 23rd

..... *M. D.*
Medical Attendant.

Undertaker, G H Perkins & Co

Place of Business, 130 Henrietta *Address,* 26

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gertrude

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* / *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, In Infancy 14 days

Place of Death, {Give street and number} St Vincents Infant Asylum.

Cause of Death, First, (Primary,) Asthenia from Birth - Congenital

Second, (Immediate,) Inanition from debility.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 23rd July 1880

Undertaker, Geo Saffron

Place of Business, 121 Pennsylvania Ave

Marbury Brewer M. D.
Medical Attendant.

Address, 58 McCulloh St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, *Years,* 2 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the ~~City of Baltimore~~, In Infancy 8 days

Place of Death, {Give street and number} St Vincents Infant Asylum

Cause of Death { First, (Primary,) Marasmus

Second, (Immediate,) Hydrocephaloid Effusion

Duration of last Sickness, from reception

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Co

Date of Burial, July 23rd 1880

Undertaker, Geo H Bramhall

Place of Business,

Martin Brewer *M. D.*
Medical Attendant.

Address, 68 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 41668

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dorethea Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widowed

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give street and number.} 166 S. Dallas St.

Cause of Death, First, (Primary.) Diarrhoae - Cholera Morbus

Second, (Immediate.) Exhaustion # 8 hrs caused by visit-ing

Duration of Last Sickness, Four (4) Week

All the above information should be furnished by the Physician.

Place of Burial, West German St Patricks Cemetry

Date of Burial, July 23 D 1880

Undertaker, L. Hofmann

Place of Business, 63 N. Eden St.

L. L. Wilkins M.D.,
Medical Attendant.

Address, 7 S. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 41669

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Lauchh

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 23 Randall st

Cause of Death, First, (Primary.) Whooping Cough

Second, (Immediate.) Cholera Infantum

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, July 22nd 1880

Undertaker, C. F. Krause

Place of Business,

Theodore Cook M.D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41679

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Unknown

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unknown

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, — *Years,* — *Months,* a few (Supposed) *Days.*

Color, W - (Supposed)

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and number} Found floating in Back Basin

Cause of Death, First, (Primary,)

Second, (Immediate,)

Duration of last Sickness, Found floating in Back Basin

All the above information should be furnished by the Physician.

Place of Burial, E P cemetery

Date of Burial,

Undertaker, P Mullen

Place of Business,

Chas W Morfit M. D.
Medical Attendant.

Corner E. & Balto St -
Address, 67 E Balto St -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 41671

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Joseph Miller

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* Six (6) *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } No 6 Federal Street

Cause of Death, First, (Primary.) Tubercular Meningitis

Second, (Immediate.) Marasmus.

Duration of Last Sickness, Fifteen (15) Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, 24th of July

Undertaker, Adam Link

Place of Business, 461 No. Gay St

Jno. S. Sloan M.D.,
Medical Attendant.

Address, 6 Federal Street

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 41672

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 23 1880 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 22nd 1880. 9.15 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Warner Daniel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 6 *Months,* — *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Seaman

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give street and number.} St Joseph's Hospital. Caroline & Hoffman

Cause of Death, First, (Primary.) Phthisis Pulmonum,

Second, (Immediate.) Haemoptisis & Exhaustion

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, July 23 1880

Wm. F. Goldsborough M.D.,
Medical Attendant.

Undertaker, Henry Hoeck

Place of Business, 306 E. Centre Av. *Address,* Custom House

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41673

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Beeler

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Thirty *Years,* *Months,* Six *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and number} N. Wolfe Fremont [illegible] Patterson Park

Cause of Death {First, (Primary,) Second, (Immediate,)}

Duration of last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Sunday July 25th

Undertaker, Robert Gilmore

Place of Business, [illegible] Market

Dr Wiesenthal M. D.
Medical Attendant.

Address, 171 N Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 22 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Hening

Sex, Male or Female, {cross out the word not required in this line.} female

Age, 63 *Years,* 1 *Months,* *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germania

Duration of Residence in the City of Baltimore, 31 Years

Place of Death, {Give street and number} N. Gay St Baltimore

Cause of Death First, (Primary,) Typhus Abdominalis

Second, (Immediate,)

Duration of last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 25.

Undertaker, John Henning.

Place of Business, 382 Eutaw St.

John M. Ph. Lorette M. D.
Medical Attendant.

N. 88. S. Howard St

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roxanah Focal

Sex, ~~*Male*~~ *or Female,* {cross out the word not required in this line.}

Age, 51 *Years,* 3 *Months,* 11 *Days.*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} King Williams Co Va

Duration of Residence in the City of Baltimore, 16 yrs. Balt.

Place of Death, {Give street and number} 177 Penn ave

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,)

Duration of last Sickness, 10 or 11 yrs.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 25

Undertaker, J Thompson

Place of Business, 341 Penn ave

J. D. Keller M. D.
Medical Attendant.

Address, 85 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 22 - 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry L Bopp.

Sex, Male or Female, {cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* 11. *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~ ~~~~

Occupation, ~~~~ ~~~~ ~~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 223 William St

Cause of Death First, (Primary,) ~~~~

Second, (Immediate,) Convulsions

Duration of last Sickness, 11 Days

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cem'y

Date of Burial, July 23 - 1880

Undertaker, J B Hartle

Place of Business, 411 Light

Thos A Cleaves M. D.
Visiting Attending Phys.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Ex by John E. Finding

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 22 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents} James Edward Stansdale

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 46 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 14 Jackson st

Cause of Death, First (Primary,) Chronic Brights Disease

Second (Immediate,)

Duration of Last Sickness, 14 years

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, July 23d 1880

E. F. Brown, M. D.
Medical Attendant.

Undertaker, Henry W. Mears *Address* 741 Linden Ave

Place of Business, 453 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty e Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish n forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person d, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip James

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, White,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Cooper,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and number} 84 E. Pratt St.

Cause of Death { First, (Primary.) Lock Jaw

Second, (Immediate,) 3 days,

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 24th 1884

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

J. W. Hinck M. D.
Medical Attendant.

Address, 95 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41679

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 22d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Edward Bowers

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, ~~~~ *Years,* 1 *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 97 Williams St

Cause of Death { First, (Primary,) / Second, (Immediate,) } Cholera Infantum

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 23d 1880

Undertaker, John P. Paulus

Place of Business, 66 Fred Ave

James A Steuart M. D. Medical Attendant.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by — Jno T. Dunning

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41680

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Theiss

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 489 Wyoming Ave

Cause of Death First, (Primary,) Croup Pseudo Membran

Second, (Immediate,)

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Tues 27th 1880

Undertaker, Wm J Bartlett

Place of Business, W. J. Bartlett

E. A. Rutledge M. D.
Medical Attendant.

Address, 157 Arlington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41684

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louisa Browning

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 37 *Years,* 8 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and number} 183 E Eager St.

Cause of Death, First, (Primary,) ~

Second, (Immediate,) Pleuritis & Effusion.

Duration of last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, July 24th 1880

Undertaker, James P. Byrne

Place of Business, No 63 n Front St

D. M. Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Thursday July 22 =

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Dennis

Sex, Male or Female, {cross out the word not required in this line.}

Age, 37 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Washing & Ironing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland 15 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} # 266 Raborg St

Cause of Death First, (Primary,) Childbirth

Second, (Immediate,) Puerperal Convulsions 2 days

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 23 1880

Undertaker, D W Chase

Place of Business, No 198 Howard St

D Dennett Norris M. D.
Medical Attendant.

Address, # 552 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1900 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22 1900

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Finsley

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 3 *Years,* — *Months,* — *Days.*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 74 Morris Al.

Cause of Death First, (Primary,) Accidental fall.

Second, (Immediate,) Traumatic Peritonitis — Convulsions 2 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 23.

E. C. Price *M. D.*
Medical Attendant.

Undertaker, Charles H White

Place of Business, 35 Granby *Address,* 212 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41684

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert E Yeager

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ——— *Years,* ——— *Months,* 4 weeks *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ———

Occupation, ———

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Port Republic

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 407 Lemmon St

Cause of Death, { First (Primary,) Convulsions

Second (Immediate,) ———

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Essex Co Va

Date of Burial, July 23rd 1880

Undertaker, Denny & McMahill

Place of Business, 55 & 57 Fayette St *Address*

L. Johnson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1889 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 21 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alaska A Dudley

Sex, Male or Female, {cross out the word not required in this line.}

Age, 11 *Years,* 10 *Months,* 13 *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 246 Light st

Cause of Death First, (Primary,) Typhoid Fever

Second, (Immediate,)

Duration of last Sickness, 30 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 24 th 82

Undertaker, Armstrong & Denny

Place of Business, 263 Light st

H. W. Webster M. D.
Medical Attendant.

Address, 57 Bunn st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Henry Callman

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 17 *Years,* 2 *Months,* 12 *Days.*

Color, White.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 123 N. High St

Cause of Death {First, (Primary,) Heart disease

{Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, July 26th 1880

Undertaker, Henry W. Means

Place of Business, 45 N. Gay St. *Address,* 73 E. Balt. St.

S. H. Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 22d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Henry Hooper

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, *Years,* Lit *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 132 Forest

Cause of Death First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 24th 1880

Undertaker, Geo H. Perkins & Co

Place of Business, 130 Hanover St

Julius Hall M. D.
Medical Attendant.
Southern Dispensary
Address, 77 Hillen

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna Dunn

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and number} 58 Lehina St.

Cause of Death { First, (Primary,) Tuberculosis of Intestines
Second, (Immediate,) Diarrhoea
Duration of last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, July 25

R. M. Hall M. D.
Medical Attendant.

Undertaker, Hercules Rolls

Place of Business, 15 Conway St *Address,* 262 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George F Brown

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 21 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No 122 S. Caroline

Cause of Death, First, (Primary.) ____

Second, (Immediate.) Marasmus

Duration of last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral cem

Date of Burial, July 25th 1880

____ *M. D.*
Medical Attendant.

Undertaker, Elisha Cox

Place of Business, 84 X & 6 Bank st *Address,* ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Devlin

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 5 *Years,* 10 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} XX

Occupation, XX

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 134 S. Ann

Cause of Death, First, (Primary.) Malignant Scarlet Fever

Second, (Immediate,)

Duration of last Sickness, Sin the chill once - 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, July 25th 1880

James E Donnelly M. D.
Medical Attendant.

Undertaker, Elisha Lee

Place of Business, 84 & 86 Bank St *Address,* 992 Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wm Gaines

~~*Sex,*~~ *Male or* ~~*Female,*~~ {cross out the word not required in this line.}

Age, — *Years,* 6 Weeks ~~*Months,*~~ 4 Da. *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Shrewsberry Penn

Duration of Residence in the City of Baltimore, 4 Days

Place of Death, {Give street and number} 37 Population Pl

Cause of Death {First, (Primary.) Cholera Infantum

{Second, (Immediate,) Tuberculous Meningitis

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 24 1880

{*Undertaker,* Jos B. Lowe

{*Place of Business,* Cor Fremont & Balto St

A. M. Coltrane — M. D.
Medical Attendant.

Address, 343 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23d 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Smith

Sex, Male or Female, {cross out the word not required in this line.} F

Age, X *Years,* 7 *Months,* X *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 824 Ensor St

Cause of Death { First, (Primary,) Cholera Infantum
Second, (Immediate,)

Duration of last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, July 24/80

Undertaker, Fry & Son

Place of Business, 54 ½ Broadway

H. T. Reynolds M. D.
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura E. Woodhouse

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 37 *Years,* 4 *Months,* 25 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.} Married

Occupation, XXX

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 1138 E. Chase St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, Confined to bed since first visit

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, July 26th 1880

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

James E Donnelly M. D.
Medical Attendant.

Address, 996 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24/80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kiely

Sex, Male or Female, {cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balti. Md

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give street and number} 22 N. Pulaski st.

Cause of Death First, (Primary,) Scarlet Fever

Second, (Immediate,) one day

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, July 24th 1880

Undertaker, Jas S Bark

Place of Business 1607 W. Baltimore Street *Address,* 387 W. Lombard st

W. L Spicer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41695

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23 - 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Clara Green

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, ~~~ *Years,* ~~~ *Months,* 7 *Days.*

Color, Black.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~ ~~~

Occupation, ~~~ ~~~ ~~~ ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 316 Hamburg St

Cause of Death First, (Primary,) Weakness.

Second, (Immediate,)

Duration of last Sickness, Since its Birth

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, July 24 - 1880.

Undertaker, Jacob Davis

Place of Business, Lee St.

James A. Steuart M. D.

Address, Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

E. & J. John E. Kunding

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41696.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of ~~said~~ deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Bee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Boston Mass

Duration of Residence in the City of Baltimore, Her Years

Place of Death, {Give street and number.} 13 South Fulton Ave

Cause of Death, First (Primary,) ——

Second (Immediate,) Consumption

Duration of Last Sickness, two or three Years

All the above information should be furnished by the Physician.

Place of Burial, Elk Ridge Landing

Date of Burial, July 25th 1880

Undertaker, John H Weaver

Place of Business, 129 N Pacast

L E Johnson *M. D.*
Medical Attendant.

Address 47 S Carey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE

Date of Death, July 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Samuel

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Living Life

Place of Death, {Give street and number.} 144 S Broadway

Cause of Death, {First (Primary,) 3 Run over

Second (Immediate,) 3

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, July 25th 1880

{*Undertaker,* M. Goldsmith

Place of Business, 53 W. High St

Chas M. Wolff M.D.
Corner Eden
Medical Attendant.

Address, 67 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1890 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Sheridan

Sex, Male or Female, {Cross out the words not required in this line.} Female

Age, 19 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number.} # 10 Webster St

Cause of Death, First (Primary,) Typhoid Fever

Second (Immediate,) Exhaustion

Duration of Last Sickness, Twenty Days

All the above information should be furnished by the Physician.

Place of Burial, July 26th

Date of Burial, Holy Cross

Undertaker, H C Wedefeld

Place of Business, 90 Greenmount Ave

Samuel Wolf M.D.
Medical Attendant.

Address # 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Bailey

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, One *Years,* Nine *Months,* *Days.*

Color, Brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} No 121 N. Bethel St.

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) " "

Duration of last Sickness, Said to have been sick month Seen but once

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 24th 1880

Undertaker, Thos. J. Locke

Place of Business, No 73 Jefferson

J. Theyer Winsey M. D.
Medical Attendant.

Address, 162 Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11700

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23 - 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johny R Brooks

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* Eight *Months,* Fourteen *Days.*

Color, Dark

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 39 South Gough St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, West View Cemetery

Date of Burial, July 24th 1880

Undertaker, Wm J Coates

Place of Business, 73 Jefferson St.

W H Queen M. D.
Medical Attendant.

Address, 89 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the Law on the subject.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41701

HEALTH DEPARTMENT JUL 24 1880 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 23d 1880

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno. H. Adams

Sex, Male or Female, { cross out the word not required in this line. }

Age, 28 *Years,* *Months,* *Days.*

Color, col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Balto Co Md

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give street and number } Donnelly's Brick yard Oliver St Extended

Cause of Death, { First, (Primary,) } Accidentally run over by tamper-
{ Second, (Immediate,) } -ing wheel in brick yard

Duration of last Sickness, sudden death

All the above information should be furnished by the Physician.

Place of Burial, Shop St Cemetery

Date of Burial, July 25 1880

Edmd J Wralker M. D.
Medical Attendant.

Undertaker, William Norris

Place of Business, No 62 East Pratt *Address,* Coroner In B C D

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 24 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter F. Roane

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ~~Months~~, 5 Mos 6 ~~Days.~~

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 5th & 5th Lexington St

Cause of Death First, (Primary,) Heart

Second, (Immediate,) Congenital Anaemia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, July 26th 1880

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St *Address* 21 W Mulberry St

E. W. Stickney M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41703

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 24 July 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margareth Jaworske

Sex, Male or Female, {cross out the word not required in this line.}

Age, 0 *Years,* 10 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} 0

Occupation, 0

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 0

Place of Death, {Give street and number} 44 Rock Lb

Cause of Death, First, (Primary.) Cholera infantum

Second, (Immediate,)

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Ulysiondus-Sweathome

Date of Burial, July 26th 1880.

G. Wapes M. D.
Medical Attendant.

Undertaker, Adam Weidemeyer

Place of Business, 578 W. Baltimore St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41704

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } L A Washington

Sex, Male or Female, { cross out the word not required in this line. }

Age, 2 *Years,* *Months,* 10 *Days.*

Color, col

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 125 Chestnut ave

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 125 Chestnut ave

Cause of Death, { First, (Primary,) Meningitis

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 24th 1880

Undertaker, Wm Jas Gray

Place of Business, #65 Mulberry st

Louis De Roux M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectful[illegible]o the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Ann Sears

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 4 *Years,* — *Months,* — *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} No. 14 Eutaw St.

Cause of Death {First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Anoxia Asthenia coml.d

Duration of last Sickness, About 4 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, July 25th 1880

Undertaker, Wm J Gray

Place of Business, 65 McElderry St

Eugene F. Cordell M. D.
Medical Attendant.

Address, 125 N Chas St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Perm[illegible] **[illegible]ealth, City of Baltimore.**

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

#41706

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 18 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Personette

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 494 Cross St

Cause of Death, First, (Primary.) Scarlatina with Prostatis

Second, (Immediate.) Dropsy of the Pericardium

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 25th 1880

Undertaker, John Wacker

Place of Business, No 150 Lombard St

Theodore Cook M.D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...City of Baltimore,

Office of Registrar of Vital Statistics.

...any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to ... other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUL 25 19 BALTIMORE

#41707

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 24 - 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Schultze

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Agriculturist

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 Yr

Place of Death, {Give street and number.} Light st Extended

Cause of Death, First, (Primary.) Senility

Second, (Immediate.)

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Howard County

Date of Burial, July 26th

Undertaker, B. Harle

Place of Business, No 411 Light St. *Address,* 815 Light St

D. H. P. Ellis M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ity of Baltimore,

Office of Registrar of Vital Statistics.

...any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to ... other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#41708

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 25 18 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, July 25 — 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward D. Henry

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} B C

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 87 Hamburg

Cause of Death, First, (Primary.) Hydrocephalus Acute

Second, (Immediate.) Convulsions

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 26

Undertaker, B. Healy

Place of Business, 411 Light St

R. H. P. Ellis M.D.,
Medical Attendant.

Address, 315 Light St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...to List of Diseases on Back of this Certificate.

...ealth, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 18 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 23d 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Stock

Sex, Male or Female, {cross out the word not required in this line.} F

Age, 1 *Years,* 6 *Months,* X *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City. V

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 330 Chappel St.

Cause of Death {First, (Primary,) Cholera Infantum

{Second, (Immediate,)

Duration of last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, July 25th

Undertaker, Wendelin Dilger

Place of Business, S. Bond St. 151

H. T. Reynolds M. D.
Medical Attendant.

Address, Eastern Dispy

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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...ers

No. 41710

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41710

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 18 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 24 188...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John R Roche

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, School Teacher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number} S E Cor Lombard & Colington Ave

Cause of Death { First, (Primary,) overcome by Heat
Second, (Immediate,)

Duration of last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, July 26, 1880

Undertaker, H. A. Dwyer

Place of Business, 74 S. Broadway

E J Way *M. D.*
Medical Attendant.

Address, 19 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel M Cunningham

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 54 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and number} Church Home

Cause of Death, First, (Primary,) Brights Disease

Second, (Immediate,) Uremic Coma

Duration of last Sickness, several years

All the above information should be furnished by the Physician.

Place of Burial, Harford Co Md

Date of Burial, July 26. 1880

Undertaker, H. A. Dreyer

Place of Business, 94 S. Broadway

Edmund R Walker M. D.

~~Medical Attendant~~ Medical attendant

Address, 183 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Born March 1849

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 4/712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23 / 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Hester E. Gray

Sex, Male or Female, {cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 81 Duncan alley

Cause of Death, First, (Primary,) Child birth - (Supposed Pelvis)

Second, (Immediate,) Exhaustion (Exhaustion from former)

Duration of last Sickness, ~~4 days~~ 2 months

All the above information should be furnished by the Physician.

Place of Burial, Holmes, E. Cemetery

Date of Burial, July 25th 1880

Undertaker, Thos. J. Locke

Place of Business, 1673 Jefferson *Address,* 2221 N. Broadway

C. P. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ~~duty~~ of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Watkins

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 5 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 147 N. Dallas St.

Cause of Death First, (Primary,) Entero-colitis

Second, (Immediate,)

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 25th 1880

E. B. Fenby M. D.
Medical Attendant.

Undertaker, Thos. J. Locks

Place of Business, No 73 Jefferson St. *Address,* 319 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Stansbury

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, ~ *Years,* ~ *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~

Occupation, ~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 65 N Broadway

Cause of Death, First, (Primary,) Malus Cerulens

Second, (Immediate,)

Duration of last Sickness, congenital

All the above information should be furnished by the Physician.

Place of Burial, Balti Cemetery

Date of Burial, July 26th 1880

Undertaker, Henry L. Mears

Place of Business, 45 N. Gay St

D M Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice May King

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 3 *Years,* 8 *Months,* 9 *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 267 Payne ave

Cause of Death {First, (Primary.) scarlet fever
Second, (Immediate.) meningitis

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cem

Date of Burial, July 25th 1880

Undertaker, Chas T Scrivener

Place of Business, 231 N Eutaw St

G Lane Tanyhill M. D.
Medical Attendant.

Address, 129 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Pritchard

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation, Mariner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, 38 year

Place of Death, {Give street and number} 75 E Pratt St.

Cause of Death {First, (Primary,)} Brain Disease

{Second, (Immediate,)}

Duration of last Sickness, Aft 2 week

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, July 26th 1890

Geo. L. Kenmedon M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 66 S Broadway *Address,* 93 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 2 18 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give ~~names~~ of parents.} Rebecca Jones

Sex, ~~Male~~ or *Female,* {cross out the word not required in this line.}

Age, Forty Seven *Years,* —— *Months,* —— *Days.*

Color, Brown

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, forty seven Years

Place of Death, {Give street and number} No. 16 L. Pine st.

Cause of Death First, (Primary,) Hypertrophy of heart

Second, (Immediate,) Apoplexy

Duration of last Sickness, Thirty six hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, July 25

Undertaker, Wm H. Burhop

Place of Business, 99 Druid Hill ave

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 25 2 18[illegible] BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louie Vincent

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 151 E Monument st

Cause of Death { First, (Primary,) Indigestion
, Second, (Immediate,) Inanition

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bell Cemetery

Date of Burial, July 26th 1880

Undertaker, Lee Schilling

Place of Business, ——— *Address,* 252 N Eden st

F. A. Warner ***M. D.***
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 25 18[illegible] BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Ludwig Peeler

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 8 *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} # 238 S. Durham St

Cause of Death, First, (Primary.) Measles accompanied by

Second, (Immediate.) Pneumonia & Inflammatory diarrhoea

Duration of last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Evangel Lutheran Cemetary

Date of Burial, 25th July 1880

John H. Rehberger M. D.
Medical Attendant.

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann

Address, " " " #243 Alice Ann

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 22 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Henry Eichler

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* Three *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 137 N. Dulis Street

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number} 137 N. Dulis St

Cause of Death First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, About 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 2 80

Undertaker, Abraham Hayman

Place of Business, 13 Saratoga St.

[illegible] Howard M. D.
Medical Attendant.

Address, 149 Bank [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 24th July 1880.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Mittie [illegible] Alice Mullin

Sex, ~~Male or~~ *Female,* { cross out the word not required in this line. }

Age, Twenty Seven (27) *Years,* ..... *Months,* ..... *Days.*

Color, White.

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Keeping House -

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Twenty Seven Years.

Place of Death, { Give street and number } 213 N Front St. Baltimore

Cause of Death, First, (Primary,) Phthisis Pulmonalis,

Second, (Immediate,) Pneumonia.

Duration of last Sickness, Confined to bed two Months. Last illness but three days.

All the above information should be furnished by the Physician.

Place of Burial, M Kenzie

Date of Burial, 26 July

Undertaker, Thos F Bayne

Place of Business, 63 N Front

W C Van Bibber M. D.
Medical Attendant.

Address, 47 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...e Special Attention of Physicians is respectfully invited to the Remarks below, and to the ... side.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Harrison

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 69 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Lady

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and number} 27 S. Eleanor st

Cause of Death { First, (Primary,) Consumption

Second, (Immediate,) —

Duration of last Sickness 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, July 26th 1881

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette *Address,* 2 N. Carey st.

Geo. Hood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie I. Skinner

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 18 *Years,* 10 *Months,* 24 *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 42 N. Broadway

Cause of Death, {First, (Primary,) Pleuritis Pul.
Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, July 2[illegible] 880

F. B. Brune M. D.
Medical Attendant.

Undertaker, W. A. Harger

Place of Business, 74 S Broadway *Address,* 207 Maryland Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Flynn

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 45 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 29 Years

Place of Death, {Give street and number} 133 E. Register

Cause of Death {First, (Primary,) Consumption of the Lungs

{Second, (Immediate,) 3 Weeks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, July 26th 1880

Date of Burial, Holy Cross

Undertaker, M. A. Daiger

Place of Business, E. Broadway

James A Clemm M. D.

~~Medical Attendant.~~

Address, Commissioners of Health & Registers

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Geo. E Brown Sanitary Insp.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Butler

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5-0 *Years,* *Months,* *Days.*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number} Long Dock Res 169 W Pratt St

Cause of Death, First, (Primary.) Accidental

Second, (Immediate,) Drowned

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, R. C. Cemetery

Date of Burial, July 24

Undertaker, Patrick Mullin

Place of Business, *Address,*

Edmund R Walker M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Keely

Sex, Male or Female, {cross out the word not required in this line.}

Age, 74 *Years,* ... *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 Years.

Place of Death, {Give street and number} No. 224 Gough st

Cause of Death First, (Primary,)

Second, (Immediate,) Asthma - Old age -

Duration of last Sickness, 3 years.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cemetery

Date of Burial, July 27 1880

A. T. Clarke M. D.
Medical Attendant.

Undertaker, Nicholas F. Curra

Place of Business, 53 S. Broadway, *Address,* 237 Gough st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Kolb

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 16 *Years,* 3 *Months,* ~~15~~ *Days.*

Color, white.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} 129 Preston St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis.

Duration of last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 27th

Undertaker, Geo Schilling

Place of Business, Ash and Lyman

Aug. H. Esch M. D.
Medical Attendant.

Address, 94 E. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 41728

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Geuder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Fifty (50) *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Butcher

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number.} N. Milliken St

Cause of Death, First, (Primary.) Pleuro pneumonia Erysipelas

Second, (Immediate.) Pyemia

Duration of Last Sickness, Eleven (11) Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 27th

Undertaker, Geo Schilling

Place of Business, Ashland Square

F W Flinn M.D.,
Medical Attendant.

Address, S E Cor Eager & Fairlie Sts

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Weber

Sex, Male or Female, {cross out the word not required in this line.}

Age, Fourteen *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 408 East Monument St

Cause of Death First, (Primary.) Congenital spinal irritation

Second, (Immediate.) Phthisis with general exhaustion

Duration of last Sickness, about two months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 26th 1881

Undertaker, Henry Sander.

Place of Business, 202 Caton Ave

H Kilburn M. D.
Medical Attendant.

Address, Broadway & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah F. Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days.*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 20 S. Choptank St.

Cause of Death, {First (Primary.) Marasmus. Second (Immediate.)}

Duration of Last Sickness, Delicate from Birth - ill 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Batto Cemetery

Date of Burial, July 26th 1880

Undertaker, Denny & Mitchell

Place of Business, 655 Broadway

Jno. F. Lowell M. D.
Medical Attendant.

Address 227 Carrollton Avenue.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Thomas Taylor

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* — *Days.*

Color, ad

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 20 Leadenhall St

Cause of Death First, (Primary,) Cabarrhal of the Lungs

Second, (Immediate,) One Week

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 26th 1880

Undertaker, Bud Perkins

Place of Business, Henrietta St

James A Steuart M. D.
Medical Examiner.

Commissioner of Health

Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Geo. E. Brown
Sanitary Inspector

Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Praefle

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *11 Months,* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 120 Johnson St.

Cause of Death { First, (Primary.) Second, (Immediate,) Enteritis

Duration of last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 26 1880

Undertaker, Henry Brill

Place of Business, Marietta St 31

R. J. N. Tall M. D.
Medical Attendant.

Address, 15-2 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jenny Shipley

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, _____ *Years,* _____ *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and number } 677 Fayette st W.

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,)

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 26th 1881

Undertaker, J. H. Kennard & Bro

Place of Business, 52 N Eutaw st

John Boyle M. D.
Medical Attendant.

Address, 677 W Fayette st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Lila Gore

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, *Years,* Life *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give street and number} 485 N Stricker st

Cause of Death First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral (cem.)

Date of Burial, July 26th 1880

Undertaker, H. McLennan

Place of Business, 72 N. Baltimore

H. F. Stans M. D.
Medical Attendant.

Address, 183 Hoyett st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained. the full name, sex. age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 21

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hopkins

Sex, Male or Female, {cross out the word not required in this line.}

Age, 69 *Years,* ____ *Months,* ____ *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.)} Galway Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Asylum of the Little Sisters of the Poor Cor. of Pen and Valley Sts

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Obstruction of bowels

Duration of last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's Cemetery

Date of Burial, July 26th 1880

Jno. Boyle M. D.
Medical Attendant.

Undertaker, [illegible] Louis Leo

Place of Business, [illegible] Baltimore

Address, Wm E Egan Sr

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A. Ferguson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 34 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, None

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Chesterfield Co. Va

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} 165 Orleans st

Cause of Death, First, (Primary,) ____ Second, (Immediate,) Consumption

Duration of last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 26th

J. J. Gwynn M. D.
Medical Attendant.

Undertaker, Wm. H. Hackman

Place of Business, 234 N. Gay *Address,* 137 Orleans st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 2 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Bornshein

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ One Months Twenty one Days.

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City of Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 160 E. New St.

Cause of Death, {First (Primary,) Gastro-Enteritis ~~Entero-Gastritis~~ / Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Rev. Mairs Cemetery

Date of Burial, July 26th 1880

Undertaker, P. S. Seewald

Place of Business, 35 S. Eutaw St

A. Aaronsohn M. D.
Medical Attendant.

Address 145 E. Lioguet St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A Peal

Sex, Male or ~~Female~~, {cross out the word not required in this line.} —

Age, ____ *Years,* 2 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 612 W Fayette St

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) ____

Duration of last Sickness, about a month

All the above information should be furnished by the Physician.

Place of Burial, St Pauls cemetery

Date of Burial, July 26 1880

R K Kneaf M. D.
Medical Attendant.

Undertaker, Wm B Coors

Place of Business, No 707 N Baltimore Street

Address, 606 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1880 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, July 21. 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard E. Clark

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 1 *Years,* 5 *Months,* *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} S. E. Carey

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 27th 1880

Undertaker, Jos. B. Coale

Place of Business, No 707 N. Baltimore Street Address, 584 W. Fayette St

Wm. J. Campbell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna M. McGain

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 42 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Alexandria Va 5 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 140 Myrtle Ave

Cause of Death {First, (Primary,) Cancer in Stomach & Liver

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, July 27th 1880

Undertaker, Henry Mitchell

Place of Business, Cor Eutaw & Fayette *Address,* Commissioner of Health & Registrar

M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Geo. E. Brown Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25, 1880,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Wilmer.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Charles Co Md.

Duration of Residence in the City of Baltimore, 8 yrs.

Place of Death, {Give street and number} 373 Townsend St

Cause of Death {First, (Primary,) General Debility.
Second, (Immediate,) Paralysis.

Duration of last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Charles County Md
Date of Burial, July 26 th 1880 by B & P. R. R.

W. P. Morgan M. D.
Medical Attendant.

Undertaker, Jos B Leach

Place of Business, No 707 N Baltimore Street

Address, 175 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Trans 1880

No. 4-7-42

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4-7-42

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Edward Lynes

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 8 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Bridgeport New Jersey

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number} 52 Woodward St

Cause of Death, First, (Primary.) Diphtheria

Second, (Immediate,) Asthma

Duration of last Sickness, Nearly three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, July 26 1880

Undertaker, W J Fisher

Place of Business, 253 Eutaw St

Wm B Tunis M. D.
Medical Attendant.

Address, 81 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07 4?]

Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41743

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 24th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Stephen Percal

Sex, Male or Female, { cross out the word not required in this line. }

Age, ... *Years,* ..... *Months,* 12 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 1 394 Shark St

Cause of Death { First, (Primary,) Diarrhoea Rascentaris
Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, July 26th 1880

Undertaker, J. W. Wachter

Place of Business, No 150 Lombard

L C Burch M. D.
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence G. Rutter

Sex, Male or Female, {cross out the word not required in this line.}

Age, 11 *Years,* 16 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 369 Lexington ave

Cause of Death First, (Primary.) Cerebral Congestion

Second, (Immediate.) Convulsions

Duration of last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Co

Date of Burial, July 27th 1880.

D. T. Hoffman M. D.
Medical Attendant.

Undertaker, H. Lewis Schaefer

Place of Business, 109 N Fremont *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25 - 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Francis Banks.

Sex, Male or Female, {cross out the word not required in this line.} ~~Male~~ Female

Age, 1 *Years,* 6 *Months,* ... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 74 Redding Court.

Cause of Death First, (Primary,) Whooping Cough.

Second, (Immediate,) 4 Weeks

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Lauren Cemetery

Date of Burial, July 26-1880

Undertaker, Geo W. Perkins

Place of Business, Kennetta & Sharp, ~~Address~~,

G. Frank Adams M. D.

~~Address~~,

Health Commissioner & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

C & H John E. Ludwig

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible].

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25/80

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gustave Hopf

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 2 *Years,* 9 *Months,* ~~Days.~~

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, (although long in the United States,) if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 118 S. Ann st

Cause of Death, First, (Primary,) Meningitis. (Cerebro Spinal)

Second, (Immediate,) (Inflammatory)

Duration of last Sickness, ~ 14 days ~

All the above information should be furnished by the Physician.

Place of Burial, Baughmans Cemetery

Date of Burial, July 27th 1880

Undertaker, Elisha Cox

Place of Business, 847 & 6 Bank St

Thomas R. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT. JUL 26 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 25 July 80

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Narcilla Eulia Brayton

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, [illegible] Years, 5 Months, ... Days.

Color, Colored.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 42 Vine St.

Duration of Residence in the City of Baltimore, 5 months

Place of Death, { Give street and number } 42 Vine St.

Cause of Death, { First, (Primary,) ..... Second, (Immediate,) Inflammation of Bowels

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, July 26 1880

Undertaker, S. M. Blease

Place of Business, No 198 Howard St.

N. W. Little, M. D.
Medical Attendant.

Address, 425 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ed. Johnson

Sex, Male or Female, {cross out the word not required in this line.} Male.

Age, 12 *Years,* ——— *Months,* ——— *Days.*

Color, Ed.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and number} Cor. Patterson Ave & Stricker St

Cause of Death, First, (Primary,) Consumption of Lungs.

Second, (Immediate,) Drowned

Duration of last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemetery

Date of Burial, July 26th 1881

G W Ames M. D.
Medical Attendant.

Undertaker, F. A. Kerchner

Place of Business, ———

Address, Cor Stricker & Preston

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary S. & Emelle Chaney Parents

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 2 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 6 c S. Duncan Alley

Cause of Death { First, (Primary,) Premature Birth (8 mos.
Second, (Immediate,) Indigestion

Duration of last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, July 26th 1880

Undertaker, Wm H. Dunge

Place of Business, East St

Address, Comm of Health & Registrar

Thos A Elliott M.D.
[redacted]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E Taylor

Board of Health, City of [illegible]

Permit No. 41750

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 26 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael J Ryan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ball

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give street and number.} 240 Light St

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate.) Meningitis (Cerebral)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 27th 1880

Undertaker, C. F. Kranz

Place of Business,

Thomas Cottman M.D.,
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41751

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUL 2
1880
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 25th July 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard McCusker

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days.*

Color, W

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 17 yrs

Place of Death, {Give street and number} 39 E Lombard

Cause of Death First, (Primary.) old age

Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, July 26 1880

Undertaker, James D Byrne

Place of Business, No 63 N Front St

H W Nebraut M. D.
Medical Attendant.

Address, 57 Barnes

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Linda Lombar

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cuba

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number} Amity Court

Cause of Death First, (Primary,) Scrofula

Second, (Immediate,)

Duration of last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, July 27th 1880

Undertaker, Jos. B Cook

Place of Business, No 707 W Baltimore Street

Chas. H. Taff M. D.
Medical Attendant.

Address, 306 W. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 41753

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or not if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26 90

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adam Baumgarden

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } M

Age, 3 *Years,* *Months,* *Days.*

Color, W

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } S

Occupation, Child

Birthplace, { State or Country and how long in the United States, if of foreign birth. } B. C.

Duration of Residence in the City of Baltimore, 3

Place of Death, { Give street and number. } 19 Bunsuph st.

Cause of Death, First, (Primary.) Congestion Chill

Second, (Immediate.)

Duration of Last Sickness, 10 Hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 27th

Undertaker, B. Hank.

Place of Business, 411 Light St.

R. H. P. Ellis *M.D.,*

Medical Attendant.

Address, 315 Light st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 41784

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 24th July 1880 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anni Henrietta McDermott

Sex, Male or Female, {cross out the word not required in this line.}

Age, Fifty One (51) *Years,* ..... *Months,* ..... *Days.*

Color, White -

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Fruit Store -

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany -

Duration of Residence in the City of Baltimore, about Forty Seven (47) Years.

Place of Death, {Give street and number} 29 Liberty Street -

Cause of Death, First, (Primary,) Cancer -

Second, (Immediate,) Cancer of the Stomach & Intestines -

Duration of last Sickness, about Eighteen months -

All the above information should be furnished by the Physician.

Place of Burial, Old Catholic

Date of Burial, July 27th 1880 W. C. van Bibber M. D.

Medical Attendant.

Undertaker, Joseph F Dixon

Place of Business, 59 Liberty *Address,* 47 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Cosky

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Drayman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number} 92 S Mount St

Cause of Death First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, a week

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, July 28th 80

Undertaker, Joseph F Kuhn

Place of Business, 54 N Eutaw

W McNegelen M. D.
Medical Attendant.

Address, W Lafayette & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th A.D. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Perle Tilyard

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, Eighty four *Years,* Ten *Months,* Twenty *Days.*

Color, White

~~Married~~, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore Caty Md

Duration of Residence in the City of Baltimore, all her Life nearly

Place of Death, {Give street and number} 218 N Biddle St.

Cause of Death, First, (Primary.) Old age

Second, (Immediate,)

Duration of last Sickness, 9 or 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Oliver

Date of Burial, July 28th 1880

J. H. Keller, M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business. No 202 N. Eutaw st *Address,* 8 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Lewis Mason

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 6 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 15 Cuba L Point Bath.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 15 Cuba Street.

Cause of Death { First, (Primary,) Whooping Cough & Setting
Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, July 28 1880

C. H. Janney M. D.
Medical Attendant.

Undertaker, Armstrong & Deny

Place of Business, 263 Light St. *Address,* Boston Harvard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Higdon

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number} 402 E Eutaw

Cause of Death { First, (Primary.) Gastro-Intestinal irritation
Second, (Immediate,) convulsions

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Clare

Date of Burial, July 27 1880

J H Laney *M. D.*
Medical Attendant.

Undertaker, Armstrong & Dorsey

Place of Business, 263 Light St *Address,* 76 Lloyd St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Monday July 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Henry Parsons

~~*Sex,* Male or Female,~~ {cross out the word not required in this line.} Male

Age, 6 *Years,* 10 *Months,* 10 *Days.*

Color, White

~~*Married,* Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 96 Chesapeak St

Cause of Death { First, (Primary,) Scarlate fever / Second, (Immediate,) Convulsions

Duration of last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, July 27th 1880

Undertaker, Dennis J Mitchell

Place of Business, 634 S Broadway

J E Pickard M. D.
Medical Attendant,

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26th July

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Katzenberger

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Years, 17 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 190 Division St

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) Congestion of the Brain

Duration of last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, July 27th 1880

Undertaker, John H. Ecker

Place of Business, 319 E. Pratt Address,

Samuel F. Knight M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41761

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosania B Krugg

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, One *Years,* Five *Months,* — *Days.*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 179 E. Gist St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 28th 1880

Undertaker, Jno. C. Schuh

Place of Business, 265 Alice Anne St *Address,* 30 S Broadway

E. L. Z. Billon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41762

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosanna Kochner

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, Two *Years,* Seven *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No. 2 Spruce Street

Cause of Death, First, (Primary,)

Second, (Immediate,) Scarlet Fever

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Sunday 28th '81

Undertaker, Wm. Frances

Place of Business, 220 Canton Ave.

A. J. Erich M. D.
Medical Attendant.
No. 18

Address, 94 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41763

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26, 80, Maximillian Louis

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maximillian Rodney

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, ... *Years,* 9 *Months,* 26 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 411 Gay St

Cause of Death, {First (Primary,) Diphtheria

Second (Immediate,)

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 27 1880

Undertaker, Lukes Kochler

Place of Business, Cross St

J. G. Mould M.D.
Medical Attendant.

Address, 211 W Lexington

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below and to the Rules on the back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Eckart

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 75 *Years,* 1 *Months,* 4 *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give street and number} # 1604 Dorien St

Cause of Death {First, (Primary,) Erysipelas

Second, (Immediate,) Dropsy

Duration of last Sickness, About 3 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 27th 1880

Undertaker, Geo Zeimach

Place of Business, 384 West Pratt St

~~*Med. Dr.*~~ Beel *M. D.*

~~*Medical Attendant.*~~ Coroner 2d Dist

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41765

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41765

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fredericka Dietrich

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* Nineteen *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ____

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No. 120 Low Street

Cause of Death, First, (Primary,) Whooping Cough

Second, (Immediate,) Convulsions

Duration of last Sickness, Twenty four hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 28th 1880

Undertaker, Henry Hoeck

Place of Business, 309 Central ave

Wm H Clendinen M. D.
Medical Attendant.

Address, No 102 Hundred

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 27 1931 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen M. Lyons

Sex, Male or Female, {cross out the word not required in this line.}

Age, Years, 8 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} S. W. Cor. Nhw & York Road

Cause of Death, First, (Primary,) Dentition

Second, (Immediate,) Pertussis

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, July 27 1880

Undertaker, James D. Byrne

Place of Business, No 63 N. Front St

Wm. Brooke Bayle M. D.
Medical Attendant.

Address, Nw E. Cor. [illegible] St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 41767

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, July 26, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rev Wm E. Lippincott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Minister of the Gospel

Birthplace, {State or Country and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} No 336 N. Durham St

Cause of Death, First, (Primary.) Unknown to me

Second, (Immediate.) Phthisis Pulmonalis

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 27 1881

Undertaker, S W Chase

Place of Business, No 198 Howard St

W. W. White M.D.,

Medical Attendant.

Address, 317 N. Broadway

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41768

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Casper Smallwood

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 1 *Years,* 11 *Months,* 15 *Days.*

Color, Colored

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 17 S. Eutaw St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, Unknown only saw child twice

All the above information should be furnished by the Physician.

Place of Burial, Ballast Point

Date of Burial, July 27th 1880

E. B. Britton M. D.
Medical Attendant.

Undertaker, Geo. J. Kolb

Place of Business, 13 Jefferson St.

Address, 35 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully invited to the [illegible] this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Mashew

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 44 Clockhouse Ct.

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Convulsions

Duration of last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Black St Camp

Date of Burial, Dec 27th 1880

Jno D. Blake M. D.
Medical Attendant.

Undertaker, S. W. Chase

Place of Business, S. Howard St *Address,* 168 Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 41770

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE

Date of Death, July 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Duff

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 247 Forest St

Cause of Death, First, (Primary.) Phthisis.

Second, (Immediate.)

Duration of Last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, July 28th 1881

Undertaker, Henry H. Mears

Place of Business, 145 N. Fayette *Address,*

Wm. Whitridge M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mcleary Frost

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Seventy *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Hatter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bangor Maine

Duration of Residence in the City of Baltimore, Twenty five years

Place of Death, {Give street and number} 140 N Gay St

Cause of Death First, (Primary,) Cancer of the Stomach

Second, (Immediate,) and rectum & Waxy liver

Duration of last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Greenwood New York

Date of Burial, July 28th 1880

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Elias G Price M. D.
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1851 Fremont

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ino Margret Moore

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 1/48 *Days.*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 5 Watts Court

Cause of Death { First, (Primary,) Second, (Immediate,) } Asthenia

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemetery

Date of Burial, July 29th 1880

Undertaker, F. A. Kirchner

Place of Business, S. Carrollton Av. *Address,* Commissioners' Health Department

Thos. H. Steen M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

Examined by Geo. E. Bruce
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

5th

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41773

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Gunner Gunner

Sex, Male or ~~Female~~, {cross out the word not required in this line.} M

Age, ~~1~~ 51 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Tailor

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany came US 30 years

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 27 N Eutaw St

Cause of Death, First, (Primary.) Mania alcoholica (for 2 mo)

Second, (Immediate.) Suicide by hanging

Duration of last Sickness, sudden death 0 d

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 28 1891 Edward Donnally M. D.

Medical Attendant.

Undertaker, Leakin & Price

Place of Business, S. Bancroft Hill 19 E *Address,* Conn

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Special Attention of Physicians is respectfully invited to the ... of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 25 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Green

Sex, Male or Female, {cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days.*

Color, C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Carriles

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and number} 20 11 Hamilton

Cause of Death First, (Primary,) Disease of Heart

Second, (Immediate,)

Duration of last Sickness, three months

All the above information should be furnished by the Physician.

Place of Burial, Berryville W. Va

Date of Burial, July 27 1880

Undertaker, W. H. Burger

Place of Business, East St

Address, 23 Franklin

J H Latimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

January 1852

[OVER.]

No. 41

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41775

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ennis Donley

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* ____ 8 *Months,* ____ *Days.*

Color, Mulatto

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and number} 10 Morris's Alley

Cause of Death, First, (Primary,) Pertussis

Second, (Immediate,) Convulsions

Duration of last Sickness, about 9 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 27 1881

Undertaker, Samuel M Chase

Place of Business, 198 S Howard

Wm B Rae M. D.
Medical Attendant.

Address, 107 Druid Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41776

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 24 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ann Roberts

Sex, ~~Male~~ *or Female,* {cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days.*

Color, colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto - Md during life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} No 6 Gilbert Street

Cause of Death, First, (Primary,) Heart disease

Second, (Immediate,) Aortic regurg. with dilatation

Duration of last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, July 27. 1880

Undertaker, Samuel N Chase

Place of Business, 198 S. Howard St

G. P. Keller M. D.
Medical Attendant.

Address, 222 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27? 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Morris

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 264 Alice Anna St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Cholera Infantum

Duration of last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Eden St. Cemetary

Date of Burial, July 28th

Undertaker, M. Goldsmith

Place of Business, 53 N. High St.

Nicholas E. Bothwell, M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 41778

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUL 27 1931 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 26. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabett Batchelder

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 90 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Montgomery Co. Md

Duration of Residence in the City of Baltimore, Lifety yrs.

Place of Death, {Give street and number.} 298 E. Lombard St.

Cause of Death, First, (Primary.) Senile decay

Second, (Immediate.) & Exhaustion

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, July 28. 1880

Undertaker, M. A. Darger

Place of Business, 74 S. Broadway

G. F. Lusk M.D.,

Medical Attendant.

Address, Balt. & Paca Sts.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, 7 4 2 July 25th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Boden

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Forty three (53) *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Confectioner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} 299 East Monument St

Cause of Death First, (Primary.) Chronic Rheumatism

Second, (Immediate,) Softning of the brain

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, July 27, 1881

Undertaker, H. A. Dagger

Place of Business, 74 S. Broadway

Milton A. Fuller M. D.
Medical Attendant.

Address, Broadway & Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41780

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 27 1880 BALTIMORE

Date of Death, July 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred B. Hodges

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* 6 *Days.*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} 2

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 315 Alicè anna St

Cause of Death { First, (Primary,) / Second, (Immediate,) } Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Friends St Cem

Date of Burial, July 28 1880

Undertaker, H Sander

Place of Business, Alicè anna St

Address, Comm of Health & Registrar

Thos A Hodges M. D.
~~Physician~~

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jas P. Smith

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 27 2 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Mary Metzgar

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, ... *Years,* 1 *Months,* 10 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 373 Williams St

Cause of Death { First, (Primary,) Cholera Infantum
, Second, (Immediate,) "

Duration of last Sickness, One Month

All the above Information should be furnished by the Physician.

Place of Burial, St Mackles

Date of Burial, 28th July 2.30 pm

Undertaker, B Hartle

Place of Business, 911 Light St

W. Kegler M. D.
Medical Attendant.

Address, W. Fayette & Calhoun Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 41782

Board of Health, City of Baltimore,

Permit No. 41782

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of [illegible] sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W Young

Sex, Male or Female, {cross out the word not required in this line.} Male ~~Female~~

Age, 38 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Drayman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Calvert County

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and number} 150 Henrietta St Balt

Cause of Death, First, (Primary.) Consumption

Second, (Immediate,) .....

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, July 28th

Undertaker, Geo W Perkins

Place of Business, 130 Henrietta St

H Darling M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07282]

Board of Health, City of Baltimore,

Permit No. 41783

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

1 4 40

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 28 1881 BALTIMORE

Date of Death, July 27. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ambrose Myers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 7 *Months,* 5 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 42. Williamson st

Cause of Death, First, (Primary.) Whooping Cough

Second, (Immediate.) Chronic Infarction

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, July 29

Theodore Cotta M.D.,
Medical Attendant.

Undertaker, B. Hurle

Place of Business, 411 Light St. *Address,* 146 Hanover st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Allen L. Innes Jr.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Forty-six *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Printer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} #83 Centre St.

Cause of Death, First (Primary,) Concussion from a fall

Second (Immediate,) Effusion in to Cerebrum

Duration of Last Sickness, Twenty four hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, July 28th 1880

J. Clark Glass M. D.
Medical Attendant.

Undertaker, F. Lewis Schaefer

Place of Business, 189 N. Gay

Address 54 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 29, 1890

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dessie M. N. Shaw

Sex, ~~Male or~~ Female, { cross out the word not required in this line. }

Age, 10 *Years,* 2 *Months,* 4 *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ { Cross out the word not required in this line. }

~~Occupation,~~

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } 186 Hanover St

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 186 Hanover St

Cause of Death { ~~First, (Primary.)~~ / ~~Second, (Immediate.)~~ } Endo Cordite

Duration of last Sickness, 2 Weeks &

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, July 29th 1890

Geo. W. Benson M. D.
Medical Attendant.

Undertaker, F. Lewis Schaefer

Place of Business, 109 N. Eutaw St. *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is respectfully invited to the Remarks below, and to Case of Disease on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41786

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1880 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Reese

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} U S A

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} [redacted]3 Harrison st

Cause of Death {First, (Primary,) / Second, (Immediate,)} Scarlet Fever.

Duration of last Sickness, 2 weeks

All the above Information should be furnished by the Physician.

Place of Burial, N. Hebrew Cemetery

Date of Burial, July 28th 1880

Undertaker, Wm Elsen

Place of Business, 101 Gough st

J Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 41787

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1891 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 28 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph McNally

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, ~~~

Place of Death, {Give street and number} 297 Park Ave

Cause of Death First, (Primary,) Cyanosis Infantile

Second, (Immediate,) Asthenia

Duration of last Sickness, four hrs

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, 28th July 1880

Undertaker, Ho. W. Jenkins & Son

Place of Business, 16 Light St

F E Chatard M. D.
Medical Attendant.

Address, 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41788

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1880

Full Names of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Schacha.

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male.

Age, 28 - *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, Laborer -

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bohemia -

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and number} City Hospital

Cause of Death { First, (Primary.) Fracture of skull
Second, (Immediate,) Coma -

Duration of last Sickness, 5 hours -

All the above information should be furnished by the Physician.

Place of Burial, C. P. Cemetery

Date of Burial, July 27

Undertaker, Sabiet & Mullin

Place of Business,

Frank B. Dody, M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certific...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, when filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Beal

Sex, Male or Female, {cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 394 Sharp St

Cause of Death { First, (Primary,) Pneumonia Intestinum
Second, (Immediate,)

Duration of last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem'y

Date of Burial, July 28 1880

Undertaker, Peter S. Machir

Place of Business, Camden & Paca *Address,* 15 [illegible] Hanover

I. A. Buch *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41790

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1880 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Nelson

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, about 65 *Years,* —— *Months,* —— *Days.*

Color, colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Rag Picker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number} 61 South St

Cause of Death First, (Primary,) asthma

Second, (Immediate,) Dropsy

Duration of last Sickness, 2 days Confined

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemy

Date of Burial, July 28th 1880

James A Steuart M. D.
~~Attending Physician.~~

Undertaker, F. A. Kerchner

Place of Business, S. Carroll Ave *Address,* Commiss of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by D. V. Fitzpatrick

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 41791

Board of Health, City of Baltimore,

Permit No: 41791

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Dengler

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* 10 *Months,* 2s *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 98 S. Wolf St.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

Duration of last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 29th 80

James C. Shane M. D.
Medical Attendant.

Undertaker, L. A. Franco

Place of Business, 280 Canton Ave

Address, 98 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29? 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th. 1881.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Rachm

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 10 *Months,* ——— *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 128 Thames Street.

Cause of Death, First (Primary,) Cholera Infantum

Second (Immediate,) Spasms

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, July 29th 80

Undertaker, M. France

Place of Business, 280 Canton Ave

J. J. Sullivan M. D.
Medical Attendant.

Address 116 Thames St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 11793

Board of Health, City of Baltimore,

Permit No. 11793

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Rachel Davis

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 62 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sewing Woman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ~~About 2 months~~

Place of Death, {Give street and number} 150 Monument

Cause of Death, First, (Primary,) Jaundice

Second, (Immediate,)

Duration of last Sickness, About 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 28th

Undertaker, George Schilling

Place of Business, Ashland Square

R. L. Kneal M. D.
Medical Attendant.

Address, 554 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

SHELLANT & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Lucy

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, ——— *Years,* Six *Months,* Seventeen *Days.*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.} ~~Married~~ Single

Occupation, ~~Single~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 209 Montgomery St

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Convulsions. Coma

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Bath Cem

Date of Burial, July 30th

Undertaker, Armstrong Bro.

Place of Business, 263 Light

Dr Lancy H Barclay M. D.
Medical Attendant.

Address 47 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *when filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Jackson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Thirty four *Years,* *Months,* *Days.*

Color, Black

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Washer woman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Arkansas

Duration of Residence in the City of Baltimore, Two Months

Place of Death, {Give street and number} 109 Rugher

Cause of Death { First, (Primary,) Consumption
Second, (Immediate,) Emaciation

Duration of last Sickness, Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Fed Cemetery

Date of Burial, July 29th 1881

Undertaker, F. E. Kirchner

Place of Business, Carrollton Av *Address,*

Edward Hall M. D.
Medical Attendant.
Southwest Dispensary
1711 Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 41796

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 26th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Edward Green (Parents

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ——— Years, ——— Months, 5 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 6 S. Dallas Street

Cause of Death { First, (Primary,) ; Second, (Immediate,) Spasms

Duration of last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, July 28th 1880

{ Undertaker, Thos L. Locke

{ Place of Business, Jefferson St

James A Steuart M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by — Jos P. Smith

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1881 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jn° Mooney

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 40 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. } Single

Occupation, Seaman

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 6 Days

Place of Death, { Give street and number } University Hospital

Cause of Death { First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 28

Undertaker, Mathew Gadsby

Place of Business, 22 Hudson St

Wm West M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

July 28/81 From 1856 to Present in Baltimore

Board of Health, City of Baltimore,

Permit No. 41798

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1891 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1891

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Shafer

Sex, Male or Female, {Cross out the words not required in this line.} Male

Age, 61 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give street and number.} 1411 3rd & 11 East

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 30th 1891

Undertaker, Jno Gimlach

Place of Business, 359 West Pratt St

[redacted] M.D.

Medical Attendant.

Address, 203 N Paca Street

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the place and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 41799

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lewis Thomas

Sex, Male or Female, {cross out the word not required in this line.}

Age, 85 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 20 Years.

Place of Death, {Give street and number} 45 N. Fulton St

Cause of Death { First, (Primary,) Apoplectic Stroke

Second, (Immediate,) 72 hours —

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, July 29th 1880

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette St

W. J. McInnes M. D.
Medical Attendant.

Address, 582 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41800

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1881 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, July 27th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia A Walker Collins

Parents

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~——~~ *Years,* ~~——~~ *Months,* One *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 25 Clinton Street

Cause of Death { First, (Primary,) ... Second, (Immediate,) Convulsions

Duration of last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, July 28th 1880

{ *Undertaker,* H Ross
{ *Place of Business,*

James A Steuart M. D.

Address, Comm of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Dr Fitzpatrick